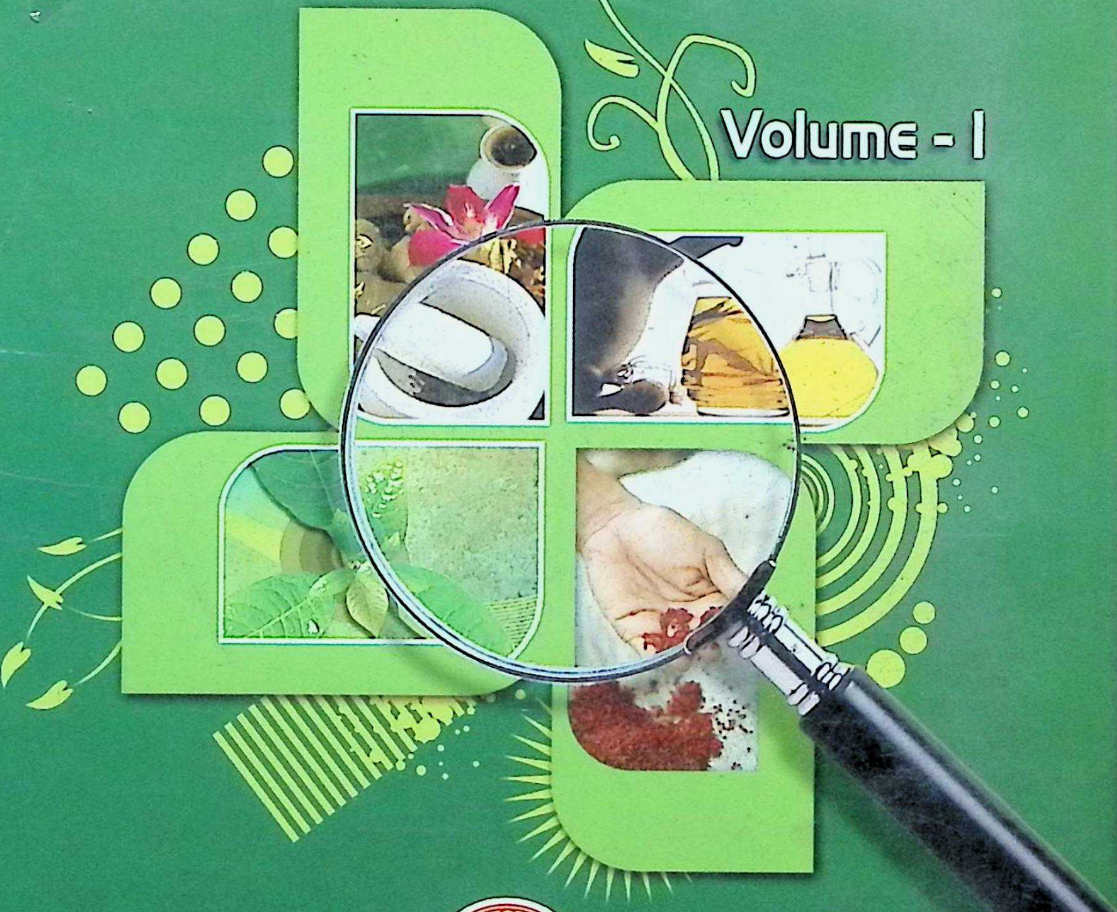
RESEARCH DATABASE ON AYURVEDA, SIDDHA, OTHER TRADITIONAL MEDICINE AND RELATED SCIENCES

Volume - I



CENTRAL COUNCIL FOR RESEARCH IN AYURVEDA & SIDDHA
Department of AYUSH
Ministry of Health & Family Welfare
Government of India
New Delhi
www.ccras.nic.in
2010

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केन्द्रीय आयुर्वेद एवं सिद्ध अनुसंधान परिषद्
आयुष विभाग
(स्वशासी निकाय, स्वास्थ्य एवं परिवार कल्याण मन्त्रालय, भारत सरकार)
जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन

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FOREWORD

The high end of medical sciences is the preservation of health and it can be attained in two ways, firstly by eradicating the diseases, which may invade the body, secondly, by due observation of such rules as would keep away the diseases. Although diseases have not changed significantly through human history, their patterns have paradigm shift. It is said that every decade there is a dynamic change in the pattern of disease. This has led to the development of novel therapies to the refractory patterns of diseases wherein systems with holistic philosophy and concepts have a significant role.

Traditional medicine is easily available and affordable in low-income countries, but with increasing globalization, knowledge holders are concerned about the erosion of traditional lifestyle and cultures through external pressures, including loss of their knowledge and reluctance of younger members of the community to maintain traditional practices. The evolution of traditional medicine has been influenced by cultural and historical conditions, making systematic evaluation difficult, since factors such as the philosophy and theory which underlie its use must be taken into account.

Although traditional medicine has long been used, there is little systematic evidence regarding its safety and efficacy available in codified form to scientific community. Absence of such comprehensive database of research in traditional medicine sector has in turn slowed down its development. In addition, there is a lack of cooperation and sharing of information among diverse disciplines, individuals, organizations and countries across the globe hampering research, development and regulation.

To address the problem, the Central Council for Research in Ayurveda and Siddha (CCRAS) has initiated to generate Research Database on Ayurveda, Siddha, Unani, Yoga & Naturopathy and Other Traditional Medicine & Related Sciences to make available the data at a glance to the scientific community/ academicians/ industries/ policy makers etc., which would help in appraising the research for further planning, to avoid repetition, to find out collaboration and exploration of new areas of research.

To make the objective pragmatic, CCRAS collected significant data on research done in recent years and launched a web based research database on Ayurveda, Siddha, Unani, Yoga & Naturopathy and other traditional medicines research at National Institute of Indian Medical Heritage located at Hyderabad and generated Research Database through gathering authentic published data by inviting information from individuals, Scientists, Academicians, Industries and Universities and so on who are working in all related fields. An electronic web based user friendly format has been evolved to generate the data from the individuals and organizations through online submission.

Medical professionals, Scientists, Academicians, Industries, Universities etc. may utilize this unique opportunity to provide the information on research carried out in their institutes (Institutional/ Industrial and Post Graduate & Ph.D. Research) in the prescribed format to incorporate the same in the database and enrich the science for the cause of Indian medical heritage at large

I hope, this document would immensely help students, research scholars, practitioners, academicians, scientists, public health administrators for sustainable utilization of merits of Ayurveda, Siddha, Unani, Yoga & Naturopathy and other traditional medicines.

G.S. Lavekar

Date : 15-02-2010

Place : New Delhi

(Prof. G.S. Lavekar)

Director General

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DIRECTOR

PROLOGUE

Research and Development in the field of Ayurveda, Siddha, Unani and other Traditional medicine play a pivotal role for their up-gradation and reorganization as global health care systems. In the current scenario these systems have gain popularity and being adapted as options for primary, secondary and tertiary health care even in the countries where conventional system of medicine is predominant.

The dissemination of Research outcome and evidence based knowledge plays an essential role in main streaming the traditional systems of medicine. Further this would facilitate to create awareness across the scientific community, researchers, academicians, medical professionals concerning the merits of this system which inturn help to promote the best practices and core strength embodied there in.

Being apex body in the country for the formulation of research in Ayurveda and Siddha on scientific lines, the Central Council for Research in Ayurveda and Siddha has initiated this novel information retrieval system and launched Online Research database on Ayurveda, Siddha, other traditional system of medicines and related sciences. The National Institute of Indian Medical Heritage, Hyderabad, focused with the mandate of preserving, reviving, retrieving and disseminating the heritage of Indian Medical systems has taken initiates for sustainable management of this research database.

Tremendous efforts have been put in by this institute in developing online electronic format for submission of the research information. Further the web-portal has been evolved integrating the information and technology systems for submission, retrieval, dynamic search, user data management in secure and easily accessible manner.

Initially the information from various contributors viz., researchers, academic and research institutes, universities, medical professional was gathered in prescribed format and transformed into electronic form after editing and data refinement. Authentic English translation has also been carried out for the information received in different languages.

The web portal of research database has been hosted in collaboration with National Informatics centre, Hyderabad for sustainable accessibility of public domain. Efforts are being made to link the database with National Knowledge network of Government of India in order to provide wide publicity.

In order to create awareness among researchers, academic and research institutes, universities, medical professional and encouraging them for contributing this database, initially the database is made available in the print form. These volumes comprise the abstracts of research information and user manual for the benefit of various stake holders.

The complimentary copies will be provided to academic and research institutes, universities and contributors.

It is hoped that this unique document would greatly contribute for awareness creation for the benefit of traditional system of medicine research at large.

Date : 15-02-2010
Place: Hyderabad

(Dr. Ala Narayana)
Director

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ABBREVIATIONS OF TECHNICAL TERMS

m.	Metre
l.	Litre
mm.	Millimetre
cm.	Centimetre
μ.	Micron (0.001 mm)
Kg.	Kilogram
g.	Gramme
mg.	Milligram
ml.	Millilitre
0.5 N.	Half-normal solution
1M.	Molar solution
Fam.	Family
TS.	Transverse Section

ABBREVIATIONS USED FOR LANGUAGES

Sansk.	Sanskrit
Assam.	Assamese
Beng.	Bengali
Eng.	English
Guj.	Gujrati
Kan.	Kannada
Kash.	Kashmiri
Mal.	Malayalam
Mar.	Marathi
Ori.	Oriya
Punj.	Punjabi
Tam.	Tamil
Tel.	Telugu

Abbreviations for parts of Plants

Cotyledon	Cotldn.
Flower	Fl.
Fruit	Fr.
Heart Wood	Ht. Wd.
Leaf	Lf.
Pseudo-bulb	Pseudo-bulb
Root Bark	Rt. Bk.
Root	Rt.
Rhizome	Rz.
Seed	Sd.
Stem Bark	St. Bk.
Stem	St.
Tuberous Root	Tub. Rt.
Wood	Wd.
Whole Plant	Wh. Pl.

Research Database Template / Format

Ph.D / M.D / Academic thesis / dissertation works

	Abbreviation	Expansion	Details
1.	[ArtID]	Abstract ID	An unique ID will be allotted by online research database
2.	[FolNo]	Folder number	Folder which contains the original hard copy received from the contributor
3.	[SlNo]	Serial number	Serial number of the abstract within the afore said folder
4.	[ArtTitle]	Abstract title	Title of the abstract as per original study / language
5.	[ArtEqEng]	Abstract title in English equivalent	English equivalent of abstract title
6.	[NmeScholar]	Name of the scholar	Name of the scholar
7.	[NmeGuide]	Name of the guide	Name of the guide
8.	[NmeCoGuide]	Name of the co-guide	Name of the co-guides limited to maximum number of three
9.	[Dept]	Department	Department where the actual work was carried out
10.	[Insti]	Institution	Institution/ College where the actual work was carried out
11.	[Univ]	University	University where the actual work was carried out or the affiliation of the respective Institution / College
12.	[Year]	Year	Year of completion of the academic course
13.	[EnNo]	Enrollment number	University enrollment number or registration number
14.	[Lang]	Language	Language of the thesis/dissertation
15.	[Study]	Study	Course studied/completed Eg. Ph.D, M.D
16.	[SubStudy]	Subject of study	Specialization
17.	[AnyOther]	Any other	Any other related information
18.	[Abst]	Abstract	Maximum of 2000 characters. Structured abstract preferable containing Objective, Methods , Results & Conclusions

Published works in Journal / Bulletin

		Expansion	Details
1	[ArtID]	Article ID	An unique ID will be allotted by online research database
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3	[SlNo]	Serial number	Serial number of the article within the aforesaid folder
4	[ArtTitle]	Article title	Title of the article as per original study / language
5	[ArtEqEng]	Article title in English equivalent	English equivalent of article title
6	[Author]	Name of the author	Name of the first author
7	[Co-Author]	Name of the co-author	Names of the other authors
8	[Journal]	Name of the Journal	Name of the Journal (full form)
9	[Vol]	Volume, Year	Volume number and month/ year of publication
10	[Dept]	Department	Present department and address of the corresponding author
11	[Insti]	Institution	Institution/ University/ Organization/ Industry where the actual work was carried out
12	[Year]	Year	Year when the actual work was accomplished
13	[Lang]	Language	Language of the article
14	[Study]	Study	Highest academic qualification of the corresponding author
15	[SubStudy]	Subject of article	Research area/ specialization
17	[AnyOther]	Any other	Any other information pertaining to the article
18	[Abst]	Abstract	Maximum of 2000 characters. Structured abstract preferable containing Objective, Methods , Results & Conclusions

CONTENTS

VOLUME - I

S.No. CONTENTS

Foreword

Prologue

Acknowledgement

Abbreviations

Research Database Template \ Format

1. An Introduction to Ayurveda, Siddha, Unani, Yoga & Naturopathy and other Traditional Systems of Medicine in India

2. AYUSH Systems in India: An Organizational Profile

3. Research Database on Ayurveda, Siddha, other Traditional Medicine and Related Sciences

4. Research Abstracts (Ayurveda)

4.1 Fundamental and Literary Research

4.2 Rejuvenators and Aphrodisiacs (Rasayana and Vajikarana)

8. Appendices

8.1 User Manual for Online Research Database

8.2 List of Medicinal Plants, Metals, Mineral, Animal and Marine Products

8.3 Approximate English Equivalents of Ayurveda and Siddha Clinical Conditions and Diseases

8.4 Research & Development of CCRAS

8.5 National Institute of Indian Medical Heritage (CCRAS) – A Profile

VOLUME - II

S.No. CONTENTS
Foreword
Prologue
Acknowledgement
Abbreviations
Research Database Template \ Format
4.3 Pharmacology and Experimental studies
4.4 Fivefold Biocleansing Therapies (Panchakarma)
4.5 Gastrointestinal Disorders
Appendices 8.1 User Manual for Online Research Database

VOLUME - III

S.No. CONTENTS
Foreword
Prologue
Acknowledgement
Abbreviations
Research Database Template \ Format
4.6 Respiratory Disorders
4.7 Ano-rectal Disorders, Ksharasutra Therapy and Surgical Conditions
4.8 Musculo-skeletal Disorders
4.9 Metabolic and Endocrine Disorders
4.10 Hypertension and Cardiac Disorders
4.11 Systemic Diseases and Anaemia
4.12 Neuro-psychological Disorders
Appendices 8.1 User Manual for Online Research Database

VOLUME - IV

S.No. CONTENTS
Foreword
Prologue
Acknowledgement
Abbreviations
Research Database Template \ Format
4.13 Eye and ENT Disorders
4.14 Genito-urinary Disorders
4.15 Women and Child Health Care
4.16 Skin and Soft Tissue Disorders
4.17 Miscellaneous
5. Research Abstracts (Siddha System of Medicine)
6. Research Abstracts (Yoga and Naturopathy)
7. Research Abstracts (Unani System of Medicine)
Appendices 8.1 User Manual for Online Research Database

1. AN INTRODUCTION TO AYURVEDA, SIDDHA, UNANI, YOGA & NATUROPATHY AND OTHER TRADITIONAL SYSTEMS OF MEDICINE IN INDIA

1. AN INTRODUCTION TO AYURVEDA, SIDDHA, UNANI, YOGA & NATUROPATHY AND OTHER TRADITIONAL SYSTEMS OF MEDICINE IN INDIA

India has a rich, time tested heritage of medical and health sciences. Some of these systems date back to 6000 years BC. India has the unique distinction of having six recognized systems of medicine under Indian systems of Medicine and Homeopathy (AYUSH). AYUSH covers both the systems which originated in India and outside but got adopted in India in due course of time. These systems are Ayurveda, Siddha, Unani, Yoga, Naturopathy and Homeopathy. AYUSH systems have been in vogue in India from the earliest times and serving the medical needs of most of our people. During the last decade, use of AYUSH and other Traditional systems of medicine has expanded globally and has gained popularity. They are not only used for primary health care of the poor in developing countries, but have also been used in countries where conventional medicine is predominant in the national health care system.

1.1. AYURVEDA, literally meaning the science of life is a comprehensive system of health care of great antiquity, based on experiential knowledge and grown with perpetual additions. Original dimensions of Ayurveda are inbuilt in the ancient compendia of Indian wisdom called *Vedas*, which are documented around 6000 years back. *Rigveda* and *Atharvaveda* are replete with information on health and maladies and their management with natural modes and modalities. The knowledge expanded further with laying down of fundamentals and concepts of Ayurveda and systematization in classical texts. Ayurveda is survived through two sets of original authentic texts each consisting of three books viz., *Brihattrayi* i.e., the three major classics *Charaka Samhita* (600 B.C.), *Sushruta Samhita* (500 B.C.) and *Astanga Sangraha* (600 A.D.); and Laghutrayi i.e., the three minor classics comprising of *Madhava Nidana* (900 A.D.), *Sarangadhara Samhita* (1300 A.D) and *Bhava Prakasha* (1600 A.D). Present form of *Ayurveda* is the outcome of continued scientific inputs that has gone into the evolution of its principles, theories and guidelines of healthy living and disease management. Considering health of an individual as dynamic integration of environment, body, mind and spirit, *Ayurveda* lays great emphasis on preservation and promotion of health and preventing the occurrence of disease. Besides, it advocates employing holistic approach to understand all aspects of human life including diagnosis and management of diseases.

The major preventive approaches for maintaining and improving the quality of life include individualized specific daily regimen (*Dinacharya*), seasonal regimen (*Ritucharya*), behavioural and ethical considerations (*Sadvritta*). Healthy lifestyle is emphasized as a determinant of longevity of life, which by and large depends on the *Prakriti* (bio-identity i.e. body-mind constitution) of an individual. Proper understanding of *Prakriti* leads the physician in making right diagnosis, prognosis and treatment plan and in guiding patients as well as disease-free individuals what do's and don'ts they need to follow for restoration and maintenance of health.

The therapeutic streams advocated in *Ayurveda* comprise *Daivavyapasraya*

Chikitsa (spiritual measures), *Yuktivyapasraya Chikitsa* (pharmacological therapies) and *Satvavajaya* (non-pharmacological psychotherapies). The treatment plan is worked out on the basis of underlying morbidity keeping in mind the strength of the disease and the tolerability of the patient. Four-pronged treatment plan consisting of avoidance of causative and precipitating factors of disease (*Nidana parivarjana*), bio-purification (*Samshodhana*), use of palliative remedies (*Samshamana*) and health-promoting regimen (*Pathya Vyavastha*) is the hallmark of *Ayurvedic* therapeutics recommended for physicians to prescribe. Specific diet and lifestyle guidelines are always prescribed along with the drugs and therapies so as to facilitate restoration of bio-humoural balance and health status.

Credible therapeutic modalities of *Ayurveda* include bio-purification therapy called *Panchakarma*, minimal invasive para surgical measure for management of fistula-in-ano and piles called *Ksharasutra* and specialized health promotive and rejuvenative approach for geriatric health care called *Rasayana*. These modalities are proven to have an edge over conventional medical approach in dealing with chronic and refractory disease conditions. In reality, *Ayurveda* is the comprehensive natural bio- healing science.

SOWA RIGPA is a system of medicine prevalent in trans-Himalayan region recently recognized as one of the official systems under AYUSH.

1.2. SIDDHA is derived from the root word "*Siddhi*" which means "an object to be attained", "perfection" or "heavenly bliss". The doctrine of the Siddha system is unique with the concept of *pathi, pasu* and *pasam* that emphasizes health as the perfect state of physical, psychological, social and spiritual component of a human being. Siddha system is based on 96 fundamental principles, holistic in approach. The history of Siddha Medicine is as old as the history of the Tamil culture and civilization, which forms a part of the Dravidian culture. The period of Siddha medicine is traceable to the dim past of the pre-vedic times round about the period of the three syndicates of the Tamil academicians (*sangams*) of Siddha medicine dating between 3,000 to 5,000 B.C. During this hoary period, there was a syndicate comprising of the 18 *Siddhars*, exclusively for medical deliberations with regard to the Siddha medicine of South India. The origin of Siddha medicine is traceable to Lord Siva, who notably blessed Saint *Agasthiar* with the teaching of Siddha medicine.

Siddha Medicine is prevalent mostly in southeastern parts of India, being popular among the Tamil-speaking people even beyond the sub-continent. To regulate the living body easily the five primordial elements (*maha panchabhutas*) were concised into three humours namely *vazhi* (*vadha*), azhal (*pitta*) and *Iyyam* (*kapha*). When humours are in natural equilibrium and harmony a person enjoys the best of health. But when this rhythm is imbalanced, it leads to disease conditions. Siddha system emphasizes that medical treatment should be oriented not merely to disease but should also take into account the patient, his sex, age, habits, mental framework, habitat, diet and physical condition. To tackle the disease effectively and easily, the Siddha line of treatment is more personalized and tailor-made. *Siddhars* primarily dealt with the causative factor i.e., vitiated humour. To achieve this, following therapies were carefully employed. Purgative therapy provides relief from deranged *vazhi* humour. Emetic therapy was used to get rid of *azhal* humour. Ophthalmic application helps to reduce vitiated *Iyya* humour. Nasal application is essential for the prevention of *Iyya* diseases especially of head and neck. Blood letting therapy by leech application is preferred, if all three humours are vitiated and for chronic disorders.

In the *Siddha* system, the foremost substance given for an imbalance of three humours or illness is of herbal origin. The commendable usage of herbs can be understood by a special method *eka mooligai prayokam*: selecting and administering a single herb on the basis of five elements to neutralize the affected humour. In the armoury of Siddha Pharmacopoeia, minerals, metals and animal products are also used. Moreover, 32 types of Internal and external dosage forms are employed apart from diet regimen emphasizing the core concept of Siddha 'food is medicine and medicine is food'. In addition, *Kaya Karpam* (Rejuvenation therapy) and the art of *Varma* therapy is most valuable and handy because the most extreme medical emergencies/diseases can be handled through the use of life-saving techniques enumerated in Siddha classics.

1.3. UNANI is based on its well established knowledge and practices, relating to promotion of positive health and prevention of diseases. It is very rich, time tested with its therapies having no side effects. Although the Unani system originated in Greece passed through many countries, Arabs enriched it with their own aptitude and experience and the system was brought to India during the medieval period. Due to its mass acceptance and continuous use by the people, in course of time, it has become native to India and is in great demand among people throughout the country.

It has grown out of the fusion of devices, thoughts and experience of countries with ancient cultural heritage, namely, Egypt, Arabia, Iran, China, Syria and India. It has its origin in the 4-5th century before Christ under the patronage of Hippocrates (377-460 BC) and Galen in Greece.

Unani system emphasis the use of naturally occurring, mostly herbal medicines and few are of animal, marine and mineral origin. Late H.K. Ajmal Khan has institutionalized the Ayurveda & Unani systems of medicine and advocated the integration with science in understanding the Tib-e-Unani and its application in treatment. He discovered Asrol (*Rawolfia serpentina*) which established its efficacy in the treatment of high blood pressure.

Unani system of Medicine treats diseases and provides remedies in a systematic manner, following a definite method in its experimental research, employing observation, experience. This system of medicine was documented in Al Qanoon, a medical Bible, by Sheikh Bu-Ali sina (Avicena), (980-1037 AD) and in Al-Havi by Razi (850-923 AD) and by others.

1.4. YOGA and Naturopathy are basically drugless therapies. The concept and practice of yoga originated in India several thousand years ago. It is one of the six systems of Vedic philosophy. It is also holistic and seeks complete harmony among the body, mind and the thinking process. *Yoga* has been found useful in the prevention of diseases, mitigation and cure of diseases and promotion of health. *Yoga* advocates an eight-fold path known as "*Ashtanga Yoga*" for the all-around development of the human personality. These are: *Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhyana* and *Samadhi.* These components advocate restraint, observance of austerity, physical postures, breathing exercises, restraining the sense organs, contemplation, meditation and *Samadhi.* Researches are fortifying and validating the preventive, promotive and curative aspects of *Yoga.*

1.5. NATUROPATHY is a recognized system of medicine. Its philosophy is fully based on the holistic approach of Ayurveda. Naturopathy believes that health is the normal and harmonious vibration of the elements and forces comprising the human entity and disease are abnormal or non-harmonious vibration of the elements and forces. The primary cause of disease is violation of the laws of nature. It advocates a natural way of living, and the treatment covers regulation of eating, drinking, breathing, etc. elementary remedies, biochemical remedies, mechanical remedies and mental remedies. Naturopathy advocates diet therapy, hydrotherapy, mud therapy, fasting therapy, massage therapy etc. Naturopathy treatment has no side or after-effects. These are simple, scientific, easy, cost-effective methods and can be practiced by everyone.

In India Nature Cure movement started mainly in the states of Andhra Pradesh, Uttar Pradesh, West Bengal, Maharashtra and Gujarat, etc. Gandhiji was influenced by the book **"Return to Nature"** written by Adolf Just and became a firm believer of Naturopathy. The revival of Nature Cure started in India by translation of Louis Kuhne's book "New Science of Healing". Shri D. Venkat Chelapati Sharma translated the book in Telugu language in about 1894. Shri Shroti Kishan Swaroop of Bijnor translated this book into Hindi and Urdu languages in 1904. This gave a wide propagation to this system.

Modern Nature Cure movement was started in Germany and other western countries with Water Cure (Hydrotherapy). Water Cure has been synonymous with Nature Cure in those early days. The credit of making Water Cure world famous goes to Vincent Priessnitz (1799-1851), who was a farmer. Later on, others also made their contribution in this work. The name of Louis Kuhne of Germany needs special mention who propounded the principle of Unity of Disease and treatment and provided a theoretical base to this treatment method. The book "New Science of Healing" written by him has been translated in numerous languages of the world.

2. AYUSH SYSTEMS IN INDIA: AN ORGANIZATIONAL PROFILE

About 65% of population in India is reported to use Ayurveda and medicinal plants to help meet their primary health care needs (WHO traditional medicine Strategy 2002 – 2005, Document/ WHO/ EDM/ TRM/ 2002) and the safety of this vibrant tradition is attributed to time-tested use and textual references and supported by scientific studies. These systems have been providing health care services to a large section of the population, particularly in the rural areas. AYUSH systems are popular in a large number of States.

There is a separate Department of AYUSH in the Ministry of Health and Family Welfare, Government of India for the development and regulation of Indian systems of medicine and Homoeopathy.

There are separate Directorates of AYUSH in 18 States. Though Ayurveda is popular in all these States, this system is more prevalent in the State of Kerala, Himachal Pradesh, Gujarat, Karnataka, Madhya Pradesh, Rajasthan, Uttar Pradesh, Uttaranchal, Chhattisgarh, Jammu & Kashmir and Orissa. The Unani Systems is particularly popular in Andhra Pradesh, Karnataka, Tamil Nadu, Bihar, Maharashtra, Madhya Pradesh, Uttar Pradesh, Delhi, Jammu & Kashmir and Rajasthan. Homoeopathy is practiced all over the country but the important States where it is widely practiced and is more popular include Uttar Pradesh, Kerala, West Bengal, Orissa, Andhra Pradesh, Maharashtra, Punjab, Tamil Nadu, Bihar, Gujarat and North-Eastern States.

Its wide network of physicians and infrastructure make AYUSH the most effective system providing health care to the people of India, comprising of 725568 registered medical practitioners, 3360 hospitals, 21769 dispensaries, 485 AYUSH Colleges (under graduate colleges, post graduate colleges) 9197 Manufacturing Units, 4 Central Research Councils [Central Council for Research in Ayurveda and Siddha (CCRAS), Central Council for Research in Homoeopathy (CCRH), Central Council for Research in Unani Medicine (CCRUM), Central Council for Research in Yoga & Naturopathy (CCRY&N)], 2 Statutory Regulatory Bodies [Central Council of Indian Medicine (CCIM), Central Council of Homoeopathy (CCH)], 2 Pharmacopial Laboratories [Pharmacopoeial Laboratory for Indian Medicine and Homoeopathic Pharmacoepoeial Laboratory], 8 National Educational and Training Institutes [National Institute of Ayurveda, Jaipur, National Institute of Homoeopathy, Kolkata, National Institute of Siddha, Chennai, National Institute of Unani, Bangalore, National Institute of Naturopathy, Pune, Murarji Desai National Institute of Yoga, New Delhi, National Academy of Ayurveda, New Delhi and a National Medicinal Plant Board, New Delhi].

The registration of physicians, practice and ethics are governed by the regulations. Education System - IMCC (Act 1970), Registration of Practitioners – IMCC (Act 1970 & State Acts), Regulation of ASU Drugs – Drugs & Cosmetic Act 1940; The drugs are manufactured according to formularies; Pharmacopeial standards have been laid down and Good Manufacturing Practices (GMP) are in place to ensure quality of Ayurvedic, Siddha, Unani (ASU) Products. Government support in Research & Development through Intramural and Extramural mode on basic, applied research and drug development is being extended to enrich and develop these systems.

Under Golden Triangle Partnership (GTP) Project, the Department of AYUSH, CSIR and ICMR have decided to work together to achieve safe, effective and standardized classical Ayurvedic products for the identified disease conditions and to develop new Ayurvedic, Siddha, Unani (ASU) products effective in disease conditions of national and global importance.

Table: 1. Traditional Medicine & Homoeopathy (AYUSH) Infrastructure in India (As on 01-04-07)*

S. No. (1)	Facilities (2)	Ayurveda (3)	Unani (4)	Siddha (5)	Yoga (6)	Naturopathy (7)	Homoeopathy (8)	Amchi (9)	Total (10)
1	**Hospitals**	2402	262	277	12	171	234	2	3360
2	**Beds**	43751	4671	2596	495	5677	10933	32	68155
3	**Dispensaries**	13913	1019	488	70	238	5910	131	21769
4	**Registered Practitioners (as on 1.1.2007)**	453661	46558	6601		888	217860		725568
5	(a) No. of Colleges conducting exclusive UG course	180	33	5		10	152		380
	(b) No. of Colleges conducting both UG and PG courses	60	6	2			31		99
	(c) No. of Colleges conducting exclusive PG course	2	1	1			2		6
	(d) Total no. of colleges (a+b+c)	242	40	8		10	185		485
	(e) Out of (d), no. of colleges conducting UG course	240	39	7		10	183		479
	(f) Out of (d), no. of colleges conducting PG course	62	7	3			33		105
6	Admission Capacity of UG course	11225	1750	350		385	13425		27135
	Admission Capacity of PG course	991	67	110			1084		2252
	Total Admission Capacity of both UG and PG courses	12216	1817	460		385	14509		29387
7	**Manufacturing Units**	7900	322	290			685		9197

* Source: www.indianmedicine.in

3. RESEARCH DATABASE ON AYURVEDA, SIDDHA, OTHER TRADITIONAL MEDICINE AND RELATED SCIENCES

India has a long history and strong base of traditional medicine and the AYUSH systems are poised to get globalized for the benefit of humanity. The health promotive, disease preventive, rehabilitative and recuperative roles of these systems coupled with their holistic approach are the driving force that has taken the world by storm. In India, Traditional Systems of Medicine is based on sound concept and practice. In many countries traditional medicine is not well documented. On the contrary, AYUSH systems are well documented which comprise every aspect of health and disease. As a result, global community is looking towards these healing practices for solutions to the emerging health problems, which are otherwise not manageable with concurrent medical approach.

3.1. GLOBAL SCENARIO

In the current scenario, use of Ayurveda, Siddha, Unani and other traditional medical systems of India has been expanded globally and is continued to be used mainly as primary health care in India and in certain other developing countries where conventional medicine is predominant in the national health care system.

In the past decade, there has been renewed attention and interest in the use of traditional medicine globally. In China, traditional medicine accounts for around 40 % of all health care delivered. In Chile 71 %, in India 65 % and in Colombia 40 % of the population are using such medicine. In developed countries, traditional, complementary and alternative medicines are becoming more popular. For example, the percentage of the population that has used such medicines at least once is 48% in Australia, 31 % in Belgium, 70 % in Canada, 49 % in France and 42 % in the United States of America.

3.2 RESEARCH

Department of AYUSH has set up four Research Councils which continue to initiate and guide, develop and coordinate scientific research in different aspects of respective systems, both fundamental and allied. These Councils are the apex bodies for research in the concerned systems of medicine and are fully financed by the Government of India. Their research activities have been reviewed to ensure that Councils undertake meaningful research under fixed parameters within specified period and disseminate research findings for the benefit of educationists, researchers, physicians, manufacturers and common man.

There is a need for serious research collaboration between Ayurveda, Siddha and Unani education and research institutions with reputed Allopathic medical research centers and medical colleges in India for development of R & D. The pivotal issues to be addressed for strengthening the Research in AYUSH sector comprise

1. Identification of strengths of Ayurveda and areas of research for taking research activities.
2. Prioritizing and selecting reputed medical schools and Universities in India to develop bilateral or multilateral twining or cooperation programs with appropriate Indian partners for joint research projects on strategically chosen health and biomedical scientific disciplines that can enhance international acceptance of AYUSH.
3. Supporting joint research projects, research fellowships and other research oriented initiatives designed by reputed Allopathic institutions including universities, colleges and non-government organizations in the country.

3.3 NEED FOR RESEARCH DATABASE

There has been a long gap between different stake holders contributing for scientific research across the globe in this sector as mentioned above, which can be attributed to lack of accessibility of data on scientific research and evidences on safety and efficacy.

To address the problem, the Central Council for Research in Ayurveda and Siddha (CCRAS) has initiated to generate online Research Database on Ayurveda, Siddha, Unani, Yoga & Naturopathy and Other Traditional Medicine & Related Sciences to make available the data at a glance to the scientific community/academicians/ industries/ policy makers etc., which would help in appraising the research for further planning, to avoid repetition, to find out collaboration and exploration of new areas of research.

3.4 INITIATIVES

To make the objective pragmatic, the CCRAS collected significant data on research done in recent years and launched a web based research database on Ayurveda, Siddha, Unani, Yoga & Naturopathy and other traditional medicines research at National Institute of Indian Medical Heritage located at Hyderabad and generated Research Database through gathering authentic published data by inviting information from individuals, Scientists, Academicians, Industries and Universities and so on who are working in all related fields. An online user friendly format has been designed to generate the data from the individuals and organizations through online submission.

3.5. WHO MAY BE THE CONTRIBUTORS & BENEFICIARIES

- Scientists
- Academicians
- Industries

- Universities
- Medical professionals

3.6. WIDE RANGE CONTRIBUTORY DISCIPLINES

Ayurveda, Siddha, Unani, Naturopathy, Yoga, Sowa Rigpa, Botany, Biotechnology, Pure and Applied Chemistry, Biochemistry, Phytochemistry, Inorganic Chemistry, Pharmacology, Veterinary sciences, Agriculture, Horticulture, Food Science & Technology, Pharmaceutical Sciences, Systems Biology and all other related disciplines.

3.7. AN APPEAL

Medical professionals, Scientists, Academicians, Industries, Universities etc. are requested to provide the information on research carried out in their institutes (Institutional/ Industrial and Post Graduate & Ph.D. Research) in the prescribed format to incorporate the same in the database. The database will be put in our website soon after its verification. The name of resource organization/ institute/ scientist will be acknowledged.

Note: ***Please refer the user manual at Appendix - 8.1 for details of web based online submission of research data.***

Address for Communication:
The Director,
National Institute of Indian Medical Heritage,
3rd Floor, Osmania Medical College Building,
Putlibowli, Hyderabad - 500 095.
Email: iihm@ap.nic.in, iihm_ccras@yahoo.co.in,
Website: http://iihm.ap.nic.in,
Tel: 040-24746523, Fax: 040-24657388.

4. RESEARCH ABSTRACTS

(AYURVEDA)

This chapter comprises abstracts of research conducted on Ayurveda, Siddha, Unani, Yoga, Naturopathy and other Traditional Medicine focusing on Fundamental and Literary Research, Drug Research including Medico ethno-botanical Research, Drug Standardization, Clinical Research including Herbal cosmetics, Herbo-neutraceuticals, etc. and related Sciences (viz., Botany, Biotechnology, pure and applied Chemistry, Biochemistry, Phytochemistry, Inorganic Chemistry, Pharmacology, Veterinary sciences, Agriculture, Horticulture, Food Science & Technology, Pharmaceutical Sciences, Systems Biology and all other interrelated disciplines).

The embodied summaries of this database is the outcome of Institutional, Industrial , Postgraduate , Doctoral Research provided by individuals, Scientists, Academicians, Colleges, Universities and so on working in all related fields which are already published in scientific journals, proceedings, postgraduate as well as doctoral thesis works. Further, certain information is directly collected from published sources.

The Information is broadly classified and presented in different categories for convenience of the user viz. Fundamental and Literary Research, Pharmacology and Experimental studies, Five-fold biocleansing therapies *(Panchakarma)*, Rejuvenators and Aphrodisiacs (Rasayana and Vajikarana), Gastrointestinal disorders, Respiratory disorders, Ano-rectal disorders, *Ksharasutra* therapy and Surgical conditions, Musculo-skeletal disorders, Metabolic and Endocrine disorders, Hypertension and Cardiac disorders, Infectious diseases and Anaemia, Neuro-psychological disorders, Eye and ENT disorders, Genito-urinary disorders, Reproductive and Child Health, Skin and Soft tissue disorders, Miscellaneous conditions, Siddha System of Medicine, Yoga and Naturopathy and Unani System of Medicine, etc.

Furthermore, various user specific dynamic search options are made available in web based research database for quick, easy browsing and retrieval of desired information.

पुस्तकालय
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4.1. FUNDAMENTAL AND LITERARY RESEARCH

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LAV-R

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129423
गुरुकुल कांगड़ी विश्वविद्यालय

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	*SAIDDHANTIKA STUDY OF AVRITTA VATA W. S. R. TO SANSRUSHTA VATA*
5	[ArtEqEng]	
6	[NmeScholar]	Bhor S.
7	[NmeGuide]	Joshi Y.V.,
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research**
18	[AnyOther]	

Key Words – Avrita Vata, Samsrushta Vata

Background and Aim- Vata Vyadhi is a common problem of all the times. The study of Vata Vyadhis to the extent of Ansha Ansha Kalpana is compelled due to differential manifestation of Vata Dosha. Treatment of Vata Vyadhis differs with the condition of Vata Dosha.

Methodology- The Scholar assessed following conditions in Vata-Vyadhi from Samhitas—1) Kevala Vata- Vata- Vruddhi, Kshaya, Dushti and Anyonyavarana were assessed. Anyonyavarana of Vata depends on Sthana, force, Direction and Bala of Panchavidha Vayus.2) Vata Avarana- Avarana

on Vata is seen in obstruction of Vata, Interruption of Vata, possession of Vata, revolutionary movements of Vata.3) Sthanagata Vata- Symptomatology of Vata Vyadhi depends on the location of Vata Vyadhi. Treatments again differ accordingly.4) Sansrusta Vata-= Vata Vyadhi with symptoms of Kapha and Pitta Doshas along with the vitiated Vata Dosha.

Treatment incorporated for these should be –a) Vata Dosha if Prabala(powerful) should be treated primarily. b) Treatment of Sashrushta Dosh should not be apposite to Vata Dosha c) Alternate management of all Sanshrushta Doshas should be done.

A case paper titled "Vata Lakshan Sammucchaya" was prepared to asses the presentation of vitiated Vata. A clinical survey of 50 patients of Avrittavata was done.

Interpretation-

1. Conditions like Gata Vata and Avritta vata are primary steps for the Samprapti of disease.
2. Principles of treatment for the primary disease along with the principles of Avarana if incorporated at proper time, will cure the disease faster.

1. **Extensive/ further research work carried out/ carrying out if any:**

Post Doctoral Research work-

The Scholar has further undertaken the subject of Avarana with its practical approach for the Ph.D. Research. Effects of different Yogic postures for controlling the movements of Panchatma Vayus will be assessed by the Scholar. Philosophical and Yogic literature will be studied for references of Panchatma Vayus. A clinical study on Avaran Sankalpana in Hridroga will be done.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***THE STUDY OF TRIVIDH-HETU W. S. R. TO PRESENT DAY LIFE STYLE AND ASATMYENDRIYARTHA-SAMYOGA OF CHAKSHURINDRIYA.***
5	[ArtEqEng]	
6	[NmeScholar]	Pawar V
7	[NmeGuide]	Joshi Y.V
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	English
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research& Fundamental Research**
18	[AnyOther]	***Key words*** **-** Asatmyendriyartha-samyoga**,** Chakshurindriya, present day life style ***Background and Aim*** – Hina, Mithya, Atiyoga of Kala, Buddhi and Indriyartha are the causative factors for producing diseases in body and mind. Children, youngsters and elders all are seen in large number suffering from various vision problems. Hence it is needed to study Asatmyendriyartha-samyoga of Chakshurindiya. -To study the present day life style (last decade) with special reference to Asatmyendriyartha-samyoga and specially to

Chakshurindiya.& -To establish the relationship between present day life style and degree of loss of vision loss.

Methodology- Literary study of Trividhhetu was done. A case paper was prepared which mainly focused on the Asatmyendriyartha-samyoga of Chakshurindriya & current life style. Group I-7 years-18 years & Group II- 19 years-30 years. Each group was of 120 cases each. The patients were critically examined and assessed according to clinical examination and ophthalmic examination wherever needed. Cases were presented in specific pattern according to criteria of interest based on three categories of Asatmyendriyartha-samyoga. Interpretation of cases was done with Ayurvedic views.

Observations- Following four causes were proved to be significant for poor vision- in survey study.1) Watching TV from short distance (< 6 ft) 2) Affection to eye by dust.3) Consumption of salt and salty food.4) Pittapradhan Kaphanubandhi and Pittapradhan Vatanubandhi Prakruti.

Interpretation- Mithya Yoga of Chakshurindriya i.e. Achashushya-vihar (Goldsmith, sewing workers) along with Achakshushya-ahar (salt, curd etc) affects the vision to significant extent. To protect and maintain vision, Eye exercises, Proper diet, Netrea-Tarpana, Aschotana, Anjana are essential as suggested.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	*SHREE CHAKRAPANIDATTA KI CHIKITSADRUSHTI KA ADHYAYAN : CHARAKA SAMHITA SAPEKSH.*
5	[ArtEqEng]	
6	[NmeScholar]	Ghodake S
7	[NmeGuide]	Joshi Y.V
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Literature Research & Fundamental Research**
18	[AnyOther]	***Key words*** – Chikitsa, Chakrapani Teeka ***Background and Aim*** – Charak Samhita's place in Ayurvedic medicine is beyond any dispute and Chakrapani's contribution to understand Charak Samhita is also beyond any controversy. Complete study of Chakrapani's commentary is essential for each Ayurvedic physician. -To study Chakrapanidatta's view on Chikitsa with respect 'Ayurveda Dipika' commentary on Charaka Samahita. AND To categorize references found in Ayurved Dipika commentary and to study them with special reference to various angles — health, Disease, Panchakarma, Chikitsa etc. ***Methodology***-Simultaneous study of Charak samhita and

Ayurved Dipika commentary has been done in detail. References obtained from this commentary were categorized in relation with Health, Disease and Principles of Chikitsa. Classics written by Chakrapani and other ancient, modern classics were followed to reveal biased or doubtful topics of Ayurved Dipika commentary and final conclusion is made about the role of Ayurved Dipika in clinical practice of present day.

***Interpretation*- Upachar Swasthya** :- Chikitsa is also important for Swasthya i.e. healthy living of man. Chakrapanidatta quotes this point by-"Udvejak Dhatuvaishamya Virahit Dhatusaamyam" (Chakrapani Cha.Su.5/13).**Sannipat Chikitsa Siddhant** :- Chakrapani explains this by Dosha-Dushyadi Anugunatva and Anshavishesh Kalpana**Anukta Vyadhi Pareeksha** and its Chikitsa :-It is possible by thorough understanding of Ayurveda Dipika e.g. Grahanidosh Chikitsa . Concept of **Anuguna Dushya** is a stepping stone to understand Sampratpi in more methodical way. These and many such principles like Aantarpana, Churnabasti, Adverse effect of Bheshaj prayog etc. are highly valuable for practice and further research in all areas of Ayurved.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE RELATIONSHIP BETWEEN DOSHAPRAKRITI AND SAATMYA-ASAATMYA W.S.R. TO AHAR AND VIHAR.***
5	[ArtEqEng]	
6	[NmeScholar]	Ghodake S
7	[NmeGuide]	Deshmukh R.G.,
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research & Fundamental Research**
18	[AnyOther]	***Keywords –*** Doshaja Prakriti, Individual's Satmya – Asatmya. ***Background and Aim***-The term "Prakruti" is most fundamental concept of Ayurveda. It is taken to be permanent constitution of body but certain factors like Ahar, Vihar, desha, Kala etc. can affect the constitution. As every individual has his own Dosha-sanghatan with regards to Prakruti, he must be aware of suitable and unsuitable Ahar-Vihar i.e. 'Satmya-Asatmya'. *Methodology*-Literary study of Prakruti and Satmya-Asatmya with respect to Ahar Vihar was done. The format for Prakruti and a Questionnaire for Satmya-Asatmaya Pareekshan considering Ahar-Vihar factors of present day lifestyle was

prepared. Total 300 cases have been taken. While correlating Aharaj-Viharaj ' Satma-Asatmya' with Prakruti following points were focused– Laxanas due to Asatmyakar Ahar-Vihar, Guna Karma, Doshaprbhav, Laxanas of Doshprakop, Vriddhi, Dushti and Nanatmaj Vikaar.

Observation- The Aharaj factors shows Asatmyaja-Laxanas according to their effect on the Sharir Dosha. This is the verification of Charakacharyas statement(Ch.Vi.6/15)- Doshprakopak-Ahar like Chanak, Adhaki, Kadali shows Asatmyaj-Laxanas in Vatapradhan, Pittaprdhan, Kaphpradhan Sanshrushta Doshprkruti respectively. Observed Laxanas differ from Vyadhi & onset of these Laxanas was sudden.

Interpretation- As mentioned in Charak Samhita, if Vatal person gets to a Vatapradhan Laxana, it is powerful i.e. difficult to cure. Hence it is better to stop 'Hetusevan' immediately after onset of Asatmyaja-Laxan. One should pay attention towards Hetu of Raktavaha strotodushti(like Dadhi) and Hetu of Purishvaha strotodushti(likje Maida). Factors like smoke of Agarbatti, Mosquito-mat, cigarette, & deodorant etc. are Pittakar in nature, as the Asatmyaja Laxanas show to Pittadushti.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY OF KAYA CHIKITSA SIDDHANT IN SUSHRUT SAMHITA W.S.R. TO CHIKITSASTHANA***
5	[ArtEqEng]	
6	[NmeScholar]	Roy A.
7	[NmeGuide]	Joshi Y.V.,
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research & Literature Research**
18	[AnyOther]	***Key words*** **–**Chikitsa, Basic principles, Sushrut-samhita

Background and Aim:

Acharya Charak poses a specialty for Chikitsa and Acharya Sushruta for Shalya-Tantra. Even some concepts of Kaya-Chikitsa in Sushruta Samhita are nevertheless recessive but hold a fair contribution. There are certain peculiarities in Sushrut-samhita such as ——Enumeration of addition Kalpa, Application of single drug, Indicating boundaries of surgical and medical branches etc.

To collect the citations regarding concept of Kaya-Chikitsa from Sushruta-Samhita and to compare to those from Charak-Samhita

- To highlight Chikitsa Siddhant from Sushruta-Samhita.
- To gather opinion regarding Acharya Sushruta's concept and Kalpas from leading Ayurvedic practitioners.

Methodology:

Compilation – done regarding Kaya-Chikitsa from Sushruta-Samhita

Description – hidden meanings of Sushruta-Samhita's Chikitsa Siddhant and their logic based inferences are explained.

Opinionative form – fulfilled by interviewing leading Ayurvedic physians regarding role of Sushruta in Kaya-Chikitsa.

Interpretation: Important Chikitsa-Siddhantas are stated in Sushrut-Samhita s.a. 'Shat-kriyakala', Anshansh-kalpana in Sansarga & Sannipat etc. & certain terms are coined like 'Kriyasankara' which every Ayurvedic physician must know.

Panchakarma also holds an important place in Sushruta-Samhita. He has postulated 18 Anuvasanbasti along with properties and many more specifications.

Major difference between Acharya Charak and Acharya Sushruta regarding Kaya-chikitsa is the way of their approach to disease. Hence study of Sushruta- Samhita- Chikitsa-Sthana along with Sutrasthana is essential for successful treatment

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A STUDY OF VIRUDDHA AHAR W. S. R. TO SAMYOG-VIRUDDHA AND VIRYA-VIRUDDHA AHAR.***
5	[ArtEqEng]	
6	[NmeScholar]	Deshpande A
7	[NmeGuide]	Bhide M.P.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**. Basic Research & Fundamental Research**
18	[AnyOther]	***Keywords*** – Samyog-Viruddha and Virya-Viruddha Ahar. ***Background and Aim***- All living beings require food for life and formation of Prakrit, Dosha and Dhatus. Physical and mental fitness is maintained by proper diet. Improper diet is one of the main causes in many diseases. Aahara is of two types – Hitakar and Ahitakar. Viruddhaahar is one type of Ahitakar-Aahar. To verify the relationship between Viruddhaahar and Viruddhaaharjanya Vyadhi by compiling and studying references of Viruddhaahar from Brihatrayee and Laghutrayee To assess role of Viruddhaahar specially Samyog-Viruddha and Virya-Viruddha, as an etiological factor of Kushtha in

persons who consume it regularly and for prolong period.

To correlate Viruddhaahar from Ayurvedic text to modern food recipes.

Methodology- References of Viruddhaahar from Brihatrayee and Laghutrayee are compiled and studied critically and relationship between Viruddhaahar and Viruddhaaharjanya Vyadhi is elaborated.

Today's Viruddhaahar was studied from an authentic book of Hotel Management course. Case paper and questionnaire was designed.)

100 patients (15 – 50 years of age) of all types of known skin diseases were selected and examined. People from all economic classes were considered to avoid bias.

Interpretation- Abhishyanda is the main effect of fatal Viruddha Aahara which obstructs micro channels of body.

1. Viruddhaahar as a Hetu – 34% Raktavaha Strotodushti Hetu- 35% Aharaj and hetu – 31% Statistically all Hetu has same no. of incidence.
2. Samyog viruddha hetus are more responsible to cause Kushtha.
3. Viruddha Ahar creates Agnimandya which is root cause of all diseases.
4. Viruddha Ahar in less quantity is not harmful but considerable amount regularly, causes diseases.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY OF VIHAR SANKALPANA IN ASHTANG HRIDYA W. S.R. TO MITHYA VIHARA.***
5	[ArtEqEng]	
6	[NmeScholar]	Nemade R.
7	[NmeGuide]	Joshi Y.V.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research & Fundamental Research.&_Literature Research**
18	[AnyOther]	***Key words*** - Mithya Vihara, Ratrijagarana + travelling ***Background and Aim***- To meet one's daily needs in this fast world people are facing multiple Mithyavihara at a time, which make them prone to diseases. one of them are Ratrijagarana + travelling, Knowledge of Vihara is not only important in Chikitsa but it is also useful for Nidana-Parivarjan . To interpret etiological value of Mithyavihara from Ashtang Hridaya by thorough study. To study present life style with special reference to Mithyavihara namely Ratjagarana + traveling. To verify above said Mithyavihara in present day life style by survey study.

Methodology-- Literary study of Vihara is done from Ashtang Hridaya. -A Case paper in the form of questionnaire is prepared mainly focusing Ratrijagarana + travelling as Mithyavihar. 100 persons were interviewed of age group between 25 to 50 years who are following this Mithyavihar – Railway drivers and Bus drivers (going on night journey)

Observations – The maximum Lakshanas found are – Agamarda, Netredaha, Alasya and Katishula. Lakshanas related to Agni – Agnimandya, Arochaka, Adhamana, Amlapitta, Chardi, Grahani. Peculier additional Mithya Vihara are observed in this survey – Akala Bhojana(+Katurasatmaka food), Akala-shayana, Vegdharana which aggravate symptoms. These two Mithyavihara affect defaecation and urination functioning and certain organs and also cause Vata-Pitta-Vikriti.

Interpretation - Mithya-Vihara is as effective factor as diet to produce diseases. It is the main cause to develop 'Kha-Vaigunya'. Certain diseases like Antra-Vriddhi are developed due to Mithya Vihara alone. Vihara plays significant role in treating diseases along with Aushadhi Chikitsa

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY DHARANIYA MANASIK VEGA AND TO ASSESS IT'S ROLE IN THE ETIOLOGY OF HRIDROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Purkar R..
7	[NmeGuide]	Bhide M.P.,.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Fundamental Research**
18	[AnyOther]	*Key words* – Hridaya , Dharaniya-Manasik-vega, Hridroga *Background and Aim*- Mental status is most powerful in developing healthy or diseased condition of body. Hridaya, being site for mind is more prone to get affected by mental state. -To study the concept of Dharaniya-Manasik-vega theoretically.-To collect update research of Dharaniya-Manasik-vaga.-To determine the term 'Kama, Krodha' etc with the help of Samhitas and allied literature.-To assess the role of Dharaniy-Manasik-vega in the etiology of Hridroga. *Methodology*—Compilation of Literary reference was done from Ayurved-samhitas and philosophical literature. -A case paper was prepared containing symptoms of Hridroga as

mentioned in Samhitas.-80 patients diagnosed as Hridroga were selected age between 20 years to 70 years. -All patients were divided in three groups. a) Patients having only Aaharaja and Viharaja Hetu. b)Patients having only Dharaniya-Manasik-vega as Hetu c)Patients having both Ahar-vihar and Dharaniya-Manasik-vega as Hetu.

Observation **-** In collected data— Maximum pts were observed

1) in Age group 40-59 years (63.75%)
2) from Higher middle class (56.66%)
3) Vata-Pittatmak (43.75%)
4) Madhyam satva-(56.25%)
5) Doshaj Prakara-VatajHridroga-43.75%
6) Hetu- Manasik hetu-77.5% Aaharaj Hetu-66.25%

Manasik Hetu- Chinta-56.25% & Krodha-55%

Interpretation **-** Vega-Dharana means to overcome the emotion and not to suppress it. Dharaniya-Manasik-Vega, if not sustained, have effect on body. They have strength of producing diseases and worsen the persisting disease. Correlation between type of Hridroga and Manasik Hetu-

a) Vataja Hridroga— Chinta-+ + +, Krodha-+ +
b) Pitaja Hridroga - Krodha-+ + +, Chinta-+ + i.e. these factors are more prone for manifestation of Hridroga.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY OF ADRAVYABHUTA CHIKITSA MENTIONED IN CHARAK SAMHITA***
5	[ArtEqEng]	
6	[NmeScholar]	Patil S.
7	[NmeGuide]	Deshmukh R.G
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research, Fundamental Research& Literature Research**
18	[AnyOther]	***Key Words*** - Adravyabhuta-Chikitsa, Upaya ***Background and Aim***: Drugs having Amurta Swarupa, which can not be examined by organoleptic tests are "Adravyabhuta."- Adravyabhuta-Chikitsa is scattered in Charaka-Samhita, which is used in treatment as reference to severity of diseases. -To elaborate the concept of Adravyabhuta-chikitsa by compiling and interpreting scattered reference of Adravyabhuta-chikitsa mentioned in Charaka-amhita. -To verify the role of Adravyabhuta-cikitsa in today's era, with help of interviews of Ayurvedic physicians. -To infer logically the findings from the literary study and interviews. ***Methodology***: Scattered references of Adravyabhuta-chikitsa

are compiled.The compiled work of Adavyabhuta-chikitsa is classified according to Ashtang-Ayurved.. Descriptions of Adravyabhuta-cikitsa-sutras are given. A questionnaire based on found references was prepared for interview. Opinion of 30 Ayurvedic practitioners was taken regarding Adravyabhuta-Chikitsa.

Interpretation: 1. Upaya is included in Adravyabhuta-chikitsa and Upaya like terror, surprise, inducing sleep etc. are mentioned as treatment. 2. In Charka-Samhita 26 types of Adravyabhuta-chikitsa are stated. 3. With all these, 217 no. of Adravyabhuta-chikitsa-sutra are found in different diseases. 4.Literary study reveals that Adravyabhuta part from Dincharya, Rutucharyra, Agryrsangraha and Sadvrutta have a contributory role in prevention of diseases and in maintaining the health. 5. After literary study and interviews it is seen that = It was widely used in Samhita-kala.

= It plays an important role in the treatment and Vaidyas having experience of 20-30 yrs of practice are using Adravyabhuta-chikitsa regularly.

= but as its exact role in Dosha-Shaman is not given in Samhita, and still is not clear; its use is diminishing.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY OF 'KALA' AS A CAUSATIVE FACTOR AND CONCEPT OF ASATMYAJA ROGA IN RITUSANDHI***
5	[ArtEqEng]	
6	[NmeScholar]	Kulkarni S. S
7	[NmeGuide]	Joshi Y.V.;
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research, Fundamental Research**
18	[AnyOther]	*Key words:* Kala, Ritusandhikala, Asatmyaja Roga *Background and Aim:* This work was carried out to study the concept of Kala, it's effect on onset/aggravation of diseases, concept of Asatmyaja-Roga & occurrence of signs-symptoms in Ritusandhi. *Methodology:* Scattered references of Kala was compiled & classified according to Hetutva for onset/aggravation of diseases. Concept of Satmya-Asatmya & Asatmyaja-Roga was interpreted logically on the basis of Brihattrayi & by survey study. Survey of 100 individuals having symptoms due to seasonal change was carried out in 3 Particular Ritusandhis. For fixation of Ritu-Ritusandhi, characteristics given in Brihattrayi & parameters used by the Indian Metrological Department, Pune was used.

Interpretation: Kala is the root cause of onset/aggravation of certain diseases & of climatic changes-'Ritu'. These changes are responsible for development of various signs-symptoms, which are likely to occur in Ritusandhi-Kala. To avoid these seasonal illness & maintain health throughout the year, seasonal regimen (Ritucarya) is described. If one disobeys these rules, he mostly suffers from Asatmyaja-Roga in Ritusandhi-Kala.

1. According to Hemadri, (Ashtangahridaya Sutrasthan Ch.-7) Ritucharya-Palana is Kritrima-Satmya & disobedience of Ritucharya is Kritrima-Asatmya. The scientific way to accept next Ritucharya is via practice of Sopadhika-Satmya. The ideal period to follow the Sopadhika-Satmya is Ritusandhi, when Ritusandhicharya should be followed.
2. Study of effect of Kala on diseases is important to prevent & minimize severity of some diseases.
3. The symptoms occurring in Ritusandhi are related with Sanchaya-Prakopa of Dosha in that respected Ritu.
4. Ritusandhicharya-Palana will act as a powerful preventive measure against onset of symptoms-diseases-due to seasonal changes.

1	[ArtID]	
2	[FolNo]	
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4	[ArtTitle]	***A SAIDHANTIKA STUDY OF(VYADHI) SADHYASADHYATVA W. S. R. TO BRIHATTAYI.***
5	[ArtEqEng]	
6	[NmeScholar]	Suryavanshi S
7	[NmeGuide]	Deshmukh R.G.,
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research**
18	[AnyOther]	

Key words- Sadhyasadhyatva, Shotha

Background and Aim: Due to the medico-legal awareness in people; it is need of hour today to give due importance to knowledge of Sadhya- Asadhyata of disease under treatment.

1) To find out factors responsible for Sadhyasadhyatva of diseases by compiling and studying scattered references of Brihattrayi.
2) To study 'Shotha' in the view of Sadhyasadhyatva.

Methodology- a) Scattered references of Sadhyasadhyatva of diseases in Brhattrayi are compiled and studied. b) Description and classification of Sadhyasadhyatva of diseases is done. c)

The factors responsible for Sadhyasadhyatva of diseases are enlisted and elaborated. Case paper was prepared to rule out the factors responsible for Sadhyasadhyatva of Shotha. Clinical servey study of 30 patients of Sarvang Shotha was carried out. Data is analyzed and discussed with Ayurvedic views.

***Observation* -** Factors found during survey study responsible for Asadhyatva of diseases-

Dosh predominance – especially Vata predominant disease, Sannipatika-avastha.

Dushya – More number of Dhatu are involved in pathogenesis of Shotha and Shotha spreads to Gambhirs Dhatus.

Mandagni and Sama-avastha and Marma region

Apathyakara Ahara-Vihara . E.g – Dahicold water, green vegetables, Divasvapa et

Lack of communication between Doctors-Patients, Doctors-staff

Patient's economical condition.

***Interpretation*-** Before treating patient it is important to know stages of Sadhya-asadhyatva of disease because if curable disease is not treated in early stage they tend towards Krcchrasadhya or asadhya. Rasayana prevents disease-tendency to become Asadhya. Literary and survey study shows that Chatushpada are responsible for Sadhya-asadhyatva of disease and ultimately total responsibility goes to physician.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A COMPARATIVE STUDY OF ASHTANG HRIDAYA SUTRASTHANA WITH CHARAKA SUTRASTHANA***
5	[ArtEqEng]	
6	[NmeScholar]	Inamdar V
7	[NmeGuide]	Bhide M.P
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Literature Research**
18	[AnyOther]	***Key words*** – Ashtang Hridaya, Sutrasthana , Charaka Samhita ***Background and Aim:*** Sutrasthana is collection of small chapters which is meant to bring the next said significant things together in concise and clear manner. As Vagbhatacharya is the best one as far as the Sutrasthana of the compendium is concerned .So compared with Sutrasthana of Charak which is best for Chikitsa. Sutrasthana of each compendium with 30 chapters and study was done in the view of 1.Swasthavrutta 2.Dosha-dhatu-mala 3.Vyadhi 4.Chikitsa 5.Panchakarma 6.other and to deliver the philosophical knowledge and practical knowledge.

-To study Charak-samhita-sutrasthana and Ashtang-hridaya-sutrashana critically.

-To compare the basic concepts with the limitations of the points mentioned between Ashtang-hridaya and Charak-samhita-sutrasthana .

-To find out reason behind famous saying 'Sutrasthane -tu - Vagbhata'

Methodology: Sutrasthana of Ashtang-hridaya with Aryuved-rasayan avd Sarvang-sundari commentary and of Charak-samhita with Ayurved-dipika commentary was studied. Comparison of above mentioned Sthana of two compendia was made. Tantra -yukti examples were found in both compendia and meaning of Tantra Dosha and Tantra Guna were noted.

Interpretation- Sutrasthana of Ashtang hridaya bears tremendous potential of COMPLETE GUIDE TO AYURVEDA PRACTIONER in it which introduces Ayurved efficiently in simple. Sutrasthana of Ashang-hridaya contains 7462 no. of Sutras and of Charak-Samhita 9568. Sutrasthana of Ashtang-hridaya introduces Ayurved by all 8 divisions Language of Ashtang-hridaya is simple and easy where as Charak -Samhita reflects Darshana era so the language is bit difficult.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A CRITICAL STUDY OF INDRIYASTHANA FROM CHARAK SAMHITA***
5	[ArtEqEng]	
6	[NmeScholar]	Vats A.
7	[NmeGuide]	Joshi Y.V.,
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Literature Research**
18	[AnyOther]	***Key words*** – Arishta Laxana , Critical Patient

Background and Aim - -Indriya-sthana of Charaka-samhita is the best Aptopdesha to give knowledge of Arishta. This description is one of the main causes, which places Charaka Samhita at superior level in Chikitsa.

1. To study different aspect of Indriya-sthana from Charka Samhita,
2. To classify Arishta-Lakshanas from Indriya-Sthana.
3. To study relevance of Arishta-Lakshanas on the patients in modern era.

Methodology - Thorough study of Indriya-sthana from charka samhita is done. Extensive help was taken from the

Anthropological Deparment of Pune University to understand the meaning of terms – Jatiprasakta-Prakruti, Kulaprasakta-Prakruti, Deshanupatinee & Kalanupatinee-Prakruti. Arishta-Lakshanas are studied & classified according to different criteria. A questionnaire was prepared on the basis of Arishta Lakshanas given in Indriya-sthana of Charka-Samhita keeping in mind the present social scenario. A case study of 50 critically ill patients between the age group of 25-60 yrs .irrespective of their Nidana and Chikitsa is done.

Observation -* Group of Arishta-Lakshana related to Prana,Udana and Shira were found to be most significant in collected data. * Arishta related to Shwas and Murcha were observed in a higher proportion.

Interpretation- * It is important to know Prakruti and Vikruti before studying Arishta.

* Though Arishta given in Charaka-samhita are not examined by modern parameters still they are found in patients and are significant. * Classifying Arishta with different aspect helps in better understanding of prognosis. * More no. of Arishta in a person -the more is Niyatva of arishta , therefore chances of death are more.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A FUNDAMENTAL STUDY OF EFFECTS OF ATICHINTANA OF CHINTYA VISHAYA ON RASAVAHA STROTASA***
5	[ArtEqEng]	
6	[NmeScholar]	Dongare G
7	[NmeGuide]	Deshmukh R.G
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research, Fundamental Research**
18	[AnyOther]	***Keywords*****:** Chinta, Chintya-Vishaya, Atichintana, Rasavaha Srotas. ***Background and Aim*****:** In modern era, there is desire of building career and aspiration for early settlement, which makes everyone to think excessively i.e. Atichintana. Atichintana of Chintya Vishaya affects Rasavaha Strotas. Atichintana is mentioned as one of the causative factors of many severe diseases e.g. Raajyakshma, Apasmaara. 1. To review the conditions explained in Rasavaha strotasa Dushti in detail.2. To review the concept of Atichintana and its role in Rasavaha strotodushti from Brihatrayi and other literature.

Methodology- Literary study of Rasavaha strotodushti and Chintana from Brihatrayi is done by compiling references related to this topic. Survey study-A questionnaire is prepared on the basis of Brihatrayi highliting the points of Rasavaha strotodushti and Atichintana. The questionnaire is scrutinized thoroughly with help of experts.Survey of 100 individuals mainly following Atichintana from Pune city is done.

Observation- Working hours are directly proportional to Rasapradoshaj Vikaar.-Agnimandya, Akaali Paalitya are Rasapradoshaj Vikaaras and Trishna, Shrama are Rasa Kshaya Lakshanas found more in collected data.

Interpretation- 1.All Manas Bhava is Chintya i.e. objective of mind. Krodh, Bhaya, Shoka and many other Maanas Bhavaas which are included in Dharaniya Vega are part of Chintya. When Atichintana of these factors overcome our thinking process Pradnyaaparadhaj Vikaar are formed. 2.Mana is situated in Hridaya and Rasavaha Dhamanis which is nothing but Rasavaha-strotas, hence Atichintan affets Rasavaha strotasa.3.Atichintana is Ruksha in nature, which causes decrease in Rasa Dhatu.4.Due to decrease in Shita, Snigdha Gunas of Rasa Dhatu, Vata and Pitta are vitiated by Atichintana.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	*TO STUDY DOSHA AWASTHA VISHESHA WITH SPECIAL REFERENCE TO ASHTANG HRIDAYA*
5	[ArtEqEng]	
6	[NmeScholar]	Mahendroo V.
7	[NmeGuide]	Joshi Y.V.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research**, **Fundamental Research**
18	[AnyOther]	***Key words*** - Dosha Awastha Vishesha ***Background and Aim*** – Dosha can be studied through variety of aspect like Ashryashrayi-bhava, Guna etc. and one such aspect of Dosha is Awastha. Dosha-Awastha-Vishesh are important to understand and correlate according to manifestation along with the treatment. 1. To study and compile Dosha-Awastha in accordance to Vruddhi, Kshaya and other than this from Ashtang-hridayam. 2. To compile Awastha and seek out specific Lakshanani and specific Chikitsa for Awastha-Vishesh. 3. To understand formation of Awastha on the basis of Gunas wherever possible. 4. To analyze Chikitsa of each Awastha on the basis of Guna if possible.

Methodology-*Thorough study of Dosha-Awastha has been done w.s.r. to Ashtang-hridayam and its commentaries. Adjectives used for abnormal state of Doshas are found out studied.*Each Avastha is classified according to Vruddhi, Kshaya, other and are explained with Ayurvedic principles – mainly on the basis of Gunas.* References denoting specific treatment for some Dosha-Awastha are also compiled.

Interpretation - =Tridosha-Siddhant is important as a whole to understand the pathology and for treating the patients. =Description of Awasthas which are not directly related to Kshaya, Vruddhi is mentioned in Samhita from Hetu to Chikitsa. =VataDosha is the main root cause for the formation of various Awasthas. m=Awastha found. In the initial stage of Samprapti– Pratilomata, Utklesha.; Intermediate stages – Mudha, Ruddha, Leena. ; Final stage –Murcchita, Sthanagata, Avruta. Certain Avasthas may sustain in all phases of Samprapti like-Leena.. =One Awastha can get converted to other Awastha and\ or one Awastha helps in development of other Awastha thus leading to progress of Samprapti. =Principles of Chikitsa and drugs differ for specific Awasthas.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A CRITICAL STUDY OF RUKSHA, SNIGDHA, USHNA AND SHITA GUNA FROM ASHTANG HRUDAYAM W. S. R. TO SUTRASTHANA, NIDANSTHANA AND CHIKITSASTHANA***
5	[ArtEqEng]	
6	[NmeScholar]	Sachadeva N..
7	[NmeGuide]	Bhide M.P
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research**, **Fundamental Research**
18	[AnyOther]	*Key words*- Ruksha, Snigdha, Ushna and Shita Guna *Background and Aim*: Gunas are important in maintenance of Swasthya, creating diseases and useful in Chikitsa. Though there are Vimshati Gunas, four Gunas are selected for the study. 1. To study and elucidate the role of Ruksha, Snigdha, Ushna and Shita Gunas from Ahar, Vihar, Nidan, and Chikitsa 2. To differentiate 'Tara-Tama Bhava' of these Gunas in various types of Ahar and Vihar.e.g.Takra-Ushna, Sarshap-Ushnatar, Madya-Ushnatam. 3. To study the imperative effect of Guna by three aspects

—— Dosha Dhatu – Samya, -Vaishamya Avastha. – Chikitsa approach

Methodology-Compilation of Guna is done from Sutrasthana, Nidansthana and Chikitsasthana from Ashtang Hriday A lot of references from Charaka Samhita and other sources are also studied thoroughly. Logic based inferences of role of Guna are postulated in a)Swathvritta, b)Stotas and Vyadhi c)Chikitsa

Interpretation: Selection of Ahardravya depends on Dosha, Prakruti, Desha, and Tara-Tama Bhava of Guna. Gunas have major role in maintaining Samyavastha and in formation of disease. Tara-Tama Bhava of Guna in etiological factor should be treated by appropriate gradation of antagonistic property. Chikitsa by individual Guna and its effect in association with other Guna are explained e.g. Ruksha with Chala guna. Role of Guna in Chikitsa-e.g. in Rasavaha Strotasa use of Uhsna , Ruksha. Role of Guna in Strotodushti and Vyadhi e.g. in Mutravaha-strotodushti- Ati Snigdha may cause more formation of urine due to Ati Kleda Cha.Ni.4/8. Role of guna in Swasthvritta differs as per Tara-Tama Bhava e.g. in Dantadhavan — Tikta-Kashay are more Ruksha in natue.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A CRITICAL STUDY OF UTTARTANTRA FROM SUSRUTA SAMHITA***
5	[ArtEqEng]	
6	[NmeScholar]	Jain V.
7	[NmeGuide]	Joshi Y.V.,
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Literature Research**
18	[AnyOther]	***Keywords***- Grahas, Shodhan, Adravya Bhuta Cikitsa, Nidana Parivarjan. ***Background and Aim***:-Uttartantra of Sushrut Samhita comprises of Salakyatantra, Kaumarbhr?itya, Kayacikitsa, Bhutavidya and Svasthavr?itta. Acarya Nagarjuna has elaborately explained Vyadhis like Udavarta, Murcha, Panatyaya, Tr?ishna, Chardi, Svarbheda, Arocaka etc. Uttartantra is praised on many occasions in Susruta Samòhita. A different view towards Nidana, Samprapti and Cikitsa is seen here. All these and many more aspects made the Scholar to opt for a Critical Research on Uttartantra. 1) To study Uttartanòtra from Susruta Samòhita critically and elaborately.

2) To enlighten the principles and methods of treatments mentioned in it.

3) To exploit Uttartantra by literary research for more practical implication by practitioners.

Methodology: Compilation and interpretation for principles and methods of treatment is done. Chapters of Kayacikitsa were thoroughly assessed. Appendices are formed, having ready references of drugs to be used.

Interpretation —The Susruta Samòhita in the present form is the outcome of the efforts of not one person but of several. Pratisamskarta of this Susruta Samòhita was Nagarjuna.

Hetus should be considered for Nidan Parivarjan as a first line of treatment.

With addition of Uttartantra,Susruta Samòhita becomes a ancient most treatise on Ashtanga Âyurveda. Extensive information regarding Bhaishajya Kalpana and use of large variety of raw material including Pranija Drtavya is found.

As a text book it is unrivalled in respect of composite teaching of the subject of surgery with reference to all allied branches of medical learning required by a Vaidya.

1 [ArtID]

2 [FolNo]

3 [SlNo]

4 [ArtTitle] ***STUDY OF RASAYANA CONCEPT & SROTAS-RASAYANA W.S.R. TO RAKTVAHA SROTAS.***

5 [ArtEqEng]

6 [NmeScholar] Desale V

7 [NmeGuide] Bhide M.P.,

8 [NmeCoGuide]

9 Name of the Journal

10 [Dept] DEPT. OF BASIC PRINCIPLES,

11 [Insti] BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE

12 [Univ] BHARTI VIDYAPEETH UNIVERSITY, PUNE

13 [Year]

14 [EnNo]

15 [Lang]

16 [Study] Ayurved Vachaspati (Doctor of Medicine)

17 [SubStudy] **Basic Research, Fundamental Research**

18 [AnyOther] ***Keywords:*** Rakta Dhatu, Vyadhikshmatva, Naimittika Rasayana, Rog-Apaharan Rasayana, Srotas-Rasayana.

Background and Aim: The nourishment of seven Dhatus is called as Rasayana. This is the 'Sarvadehika Rasayana' which enhances Dehadharan Shakti of all Dhatus The follower of 'Sarvadehika Rasayana' achieves the great benefits of Rasayana by regular consumption of Rasayana Dravya for a long time period, i.e. the 'Sukshma' effects of Rasayana. (Gangadhar Cha.Chi.1/4-36,38)

Roga-Apaharan or Naimittika Rasayana' should be advised for a patient to get rid of a particular disease and to avoid its repeated occurrence i.e. the 'Sthula' effects of Rasayana.(Gangadhar Cha.Chi.1/4-36,38). According to Acharya

Dalhana (Su.Chi.27/2) the Naimittika Rasayana Dravyas cure weakness of Dhatu occurred due to disease. These Dravyas which transfer the weak Dhatu into strong Dhatu are the Srotas-Rasayana Dravyas.

1) To study the Rasayana concept especially the disease-curing aspect of it.
2) To study Raktavaha Srotas in detail & the Dravyas acting as Vyadhipratyanika & Rasayana for the diseases developed in it.

Methodology: A detailed study of Rasayana concept has been done from Brihatrayi. Study of Raktavaha Srotas & Rakta Dustijanya diseases has done from Brihatrayi. The Dravyas mentioned in Shamana Chikitsa are categorized as Rogaghna & Rasayana with help of Bhavaprakash Nighantu & Dravyagunasangraha.

Interpretation: The Srotas-Rasayana improves the 'Dehabala' i.e. Yuktikruta Vyadhikshmatva & alleviates Roga. It is useful to achieve benefits of Vishuddha Rakta Purusha. Those who can't avoid Gramyaahara can avoid future hazards by consuming appropriate Rasayana dravya. The Srotas-Rasayana cures Srotovaigunya & lead to Apunrbhava.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A STUDY OF BHELA SAMHITA AND COMPARISON OF BASIC CONCEPTS FROM BHELA AND CARAKA SAMHITA***
5	[ArtEqEng]	
6	[NmeScholar]	Mhaske R
7	[NmeGuide]	Bhide M.P.,
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Literature Research**
18	[AnyOther]	***Key words*** – Bhela Samhita, Charak Samhita

Background and Aim:

Bhela Samhita is one of the most ancient Samhitas available today in documented form, but very rarely studied. Bhela & Agnivesa were Sahadhyayi & along with other four disciples of Acarya Atreya, composed their own Samhitas. Amongst these, only Bhela Samhita exists today in original form, though not in complete text.

Many commentators like Cakrapani, Dalhana, Hemadri have quoted references from it.

In Citiksasthana Arsha Cikitsa Adhyaya, Acarya not only advises a physician to treat Sahaja Arsha, which is considered to be Asadhya, but offers a separate Cikitsasutra along with specific treatment like- Pranada Vataka. Many other diseases like Prameha, Kshatakshin, Madatyaya are explained in this way.

Methodology-

A literary study of Bhela Samhita was done by comparing each Sthana and the basic concepts in them were compared with those of Caraka Samhita as Caraka Samhita being the most informative, authentic and knowledgeable Samhita on Kayacikitsa.

Interpretation-

Amongst the Samhitas of disciples of Acarya Atreya, Bhela Samhita is the only original Samhita available today. Acharya Bhela had a thorough knowledge of Sarira Rachana, Kriya, Vikriti Vigyana as well as Kaya Cikitsa. Hence, he can be considered to be an eminent & practical physician of all times. Comparative study is important in order to study two or more knowledge sources. Though some part is missing from Bhela Samhita which is a great loss, but all that it offers is surely very informative.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A CRITICAL STUDY OF AGRRYA SANGRAHA FROM CHARAK SAMHITA***
5	[ArtEqEng]	
6	[NmeScholar]	Jain R
7	[NmeGuide]	Joshi Y.V.,
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF BASIC PRINCIPLES,
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	Ayurved Vachaspati (Doctor of Medicine)
17	[SubStudy]	**Basic Research & Literature Research**
18	[AnyOther]	*Key words* – Agrya Bhava, Mahakashaya, use in Chikitsa

Background and Aim:

Agrya means best, chief and best, foremost factors representing their domains of prominence are enlisted which are 152 in charak.

Charak states that possessing the knowledge of agrya sangraha is must for 'Pranabhisara vaidya' among many other qualities; hence deep study of Agrya Sangraha is essential.

1. To evaluate Agrya factors with best possible method for its application and to introduce a classification of these 152 factors for proper implication in treatment and improving health.

2. To evaluate reason behind selection of one drug over another from drugs possessing similar properties.
3. To perform a search of Agrya drugs in Charak Chikitsasthana to validate their therapeutic action mentioned in Agrya sangraha.

Methodology: A thorough study of all Agrya factors from Charak Samhita was done.

All Agrya factors were classified on the basis of different group like Drugs, Diseases, Doshas etc. Agrya drugs with selected Mahakashaya groups using "Nighantu" for drug properties have been compiled. References of Agrya drugs were compiled from Charak Chikitsasthana.

Interpretation: Collection of Agrya factors was mentioned by Acharya Charak in Sutrasthana, later on by Ashtang sangrahakar, who added 14 factors to the collection.

1st classification available in the text was done by Gangadhar Rai which is of great use for understanding. Study of Agrya-Sangraha is useful for all three of intellect- low, medium & high. Compilation from 30 chapters of Chikitsasthana has revealed 2126 ref. showing extensive use of Agrya drugs Chitrak being highest.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	104
4	[ArtTitle]	***CRITICAL STUDY ON MARMA***
5	[ArtEqEng]	
6	[NmeScholar]	Patil, Veer Setty
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	In the study, from antiquity of word Marma up to the Chinese literature on acupuncture have been very elaborately and scientifically discussed from every corner. The locations of various Marmas are discussed in detail. It was eventually suggested that Marmas are vital structural complexes where complex physiological functions are either concentrated or routed through there making them vulnerable to strain, stress and trauma. The knowledge of Marma will be able to bring out a new understanding of most baffling, confusion and complex theories of pain, its relief.

1	[ArtID]	
2	[FolNo]	17
3	[SlNo]	2
4	[ArtTitle]	*A SCIENTIFIC STUDY OF MAMASA-SARA PURUSA*
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Pravanjan Acharya
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Dept. of Basic Principles
10	[Insti]	Institute of Medical Sciences
11	[Univ]	Benaras Hindu University
12	[Year]	1996
13	[EnNo]	
14	[Lang]	
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In Ayurveda, the concept of Sara is described in the context of Dasavidha Rogi Parikshan (Ten fold examinations of the patients for the assessment of Bala (strength or immunological resistance) and Ayu (Longevity). Therefore, examination of a person with regard to the Sara give in idea of status of dhatu in the body in relation to bala in that particular individual. According to the ancient seers of Ayurveda, Sara is the excellence or essence of dhatu that provides strength and stability to the body. It is also described as a typology to classify the individuals into nine (according to kasyapa), eight (according to Caraka, Susruta and Vagbhata) or seven (according to Varahamihira) categories with the criteria of predominance of essence of a particular dhatu or sattva in the body. Hence, persons having predominance of essence of Mamsa dhatu (muscle) in comparison to other dhatus in the

body are known as Mamsa Sara Purusa (subjects).

Mamsa Sara subjects are identified though the physical and physio psychological characteristics like heavy and plumpness of temporal region, nape, eyes, cheeks, etc. as described in compendia.

Keeping in view the above knowledge the present work entitled "A SCIENTIFIC STUDY OF MAMSA SARA PURUSA" was undertaken to establish a few objective parameters for Mamsa Sara Purusa in parlance of modern medical science.

For this work, thirty subjects were selected on the basis of physical characteristics of Mamsa Sara Purusha as described in the texts and thereafter these subjects were grouped into two parts viz., Mamsa Sara and Non Mamsa Sara. The group of Mamsa Sara was comprised of twenty subjects having predominance of physical characteristics of Mamsa Sara Purusa while rest of the subjects were kept under the group of Non Mamsa Sara accordingly. After grouping the subjects, observations were made on the basis of sociodemographic, constitutional and haematological studies.

As the basic aim of this study was to establish some objective parameters for Mamsa Sara Purusa in order to make an easier approach for their clinical assessments, all the above mentioned aspects of the subjects were taken into account and the following points were concluded.

1. Mamsa Sara subjects are endowed with Mamsa dhatu (Muscle) of better quality and quantity in comparison to Non Mamsa Sara subjects.
2. As far as food habits are concerned most of the Mamsa Sara subjects are non vegetarian which gives a clue for their robust physique.
3. Lower incidence of Mamsaja vyadhies in Mamsa Sara subjects indicates the sound state of resistance owing to the good quality of muscle tissue.
4. In accordance to ancient concepts as well as recent knowledge we come to know that most of the Mamsa

Sara subjects reflect all the classical physical as well as mental characteristics during the middle period of age.

5. In comparison to Non-Mamsa Sara subjects, individuals belonging to Mamsa Sara possess more heavy ness and plumpness in temporal region, fore head, nape, neck chest, cheeks, abdomen, and thighs. This suggests the more reliability of these parts for the assessment of Mamsa Sara individuals on subjective ground.
6. Mamsa Sara individuals possess the total serum protein level 7.47 gm/dl or above.
7. Measurement of circumference at different sites can be considered as most reliable objective parameters for Mamsa Sara subjects, along with the textual subjective characteristics.

Finally it is concluded that due to limitation of the time and the facilities, present study can not be performed in large number of subjects. Hence to make the values of these parameters more definite and universal, and to explore new things, further extensive and emphasized study is needed with all required facilities.

1	[ArtID]	
2	[FolNo]	14
3	[SlNo]	1
4	[ArtTitle]	***STUDY OF MANAS IN THE LIGHT OF EASTERN AND WESTERN VIEWS WITH SPECIAL REFERENCE TO ITS DISORDERS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.S.P. Pal
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Dept. of Basic Principles
10	[Insti]	Institute of Medical Sciences
11	[Univ]	Benaras Hindu University
12	[Year]	1996
13	[EnNo]	
14	[Lang]	
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	1. The present thesis entitled “STUDIES OF MANAS IN THE LIGHT OF EASTERN AND WESTERN VIEWS WITH SPECIAL REFERENCE TO ITS DISORDERS” has been taken up in order to explore almost all the concern up to date Eastern and Western literature related to Manas (mind) and to work out its true nature (anatomical and physiological status) in the body. 2. Literatures having concern with the nature and functions of Manas can be traced back to Vedas, Brahmana-Granthas, Puranas Upanisadas, both the theistic and atheistic Darshanas, Srimadbhagwad Geeta and Mahabharat, Ayurveda as well as in western literatures. 3. The Rigveda and Yajurveda taken the Manas as a

controlling factor for various activities of the body and reported its location in the SiroHridaya. The subject matter about the location and functions of Manas in the body, is found in getted detailed in Atharva-Veda. The Shatapath Brahmana holds more or less the same view.

4. Puranas also extend a detail account of the Manas in respects of its origin. Subtleness and functional control over the Indriyas of the body.
5. The Upanisadas have also dealt about the seat and origin. The structural aspect and functional characteristics of Manas in controlling the entire psychosomatic activities of the body.
6. The subject matter of Manas is traceaqble in almost all the Darshanas. Out of atheistic Darshanas, the Charvakas being materiaqlistic in nature and do not believe in the separate existence of mind from the physical body. The Jain philosophy do not regard Manas as a sense - organ, while the Buddha philosophy gives more emphasis on twelve Ayatanas (five sensory and five motor organs, Manas, Sharira) forming the basis forall types of happy and painful experiences.
7. The Nyaya -Vaiseshika philosophy account the Manas as one and atomic in nature, behaving as a media for right knowledge. The Samkhya philosophy considers the Manas to be an evolute of Ahamkara having non-Bhautika origin. Some one believe it to be atomic while other hold it neither atomic nor all pervasive in dimension.
8. The yoga system of philosophy gives detail account of status of the Manas and its various modifications and considers it as an Antahkarana seated in the Siro-Hridaya.
9. The Mimamsakaqs also regarded the Manas as one of the Antahkarana responsible to control both the conative and cognitive organs, while the Vedanta philosophy comparatively gives detail information about the Manas and as one of the Antahkarana, it has to perform two main functions i.e., Sankalpa (assimilation) and Vikalpa (discrimination).

10. The Shrimad - Bhagawad -Geeta and Mahabharata have also well characterized the status of Manas and have accepted it to be the controlling authority of all the sensory and motor organs of the body.

11. (a) Ayurveda has taken up the Manas as an Ubhayendriya as well as Atindriya, distinct from sensory (Jnanendriya) and motor (Karmendriya) organs of the body and held responsible as one of the most important constituting factor of the Ayuh as such. Manas has been also taken up as a Sadendriya (sixth sense organ.).

    (b) Etymologicalloy the Manas has its genesis from root word 'Man' which communicates the sense of knowledge. Media for experience and knowledge. It has been also taken up as an Antahkarana, forming the basis for pleasure and pain. The Ayurveda has thrown light on the synonyms, the origin and existence, the structure and location, the quantities, the functions, the process of perception (Indriyatva, Atindriyatva), mind-soul relationship and Manas Prakriti, etc., in getted detail.

12. The Western literatures take the mind as an instrument of knowledge, seat of consciousness, intelligence, memory, conscience, and thinking, reasoning, imagining, conceiving new ideas, taking decision, mediating and controlling the self are its main activities.

13. The view of various Western philosophers i.e., Homar, Goothrie (1963) Hippocrates, Democritus, Pythagorus, Xenophanes, frieud, Aristotle, platoo, etc. dealing with the status of the mind and its functions have been also thoroughly reviewed and the mind brain problem in Greeek philosophy, relevant to the present subject matter, have been also worked out to make the subject matter complete and comprehensive.

14. In Ayurveda, there is adequate information about the psychosomatic approaches to health and disease. Literature speaks about many somatic disorders affecting the psyche of the human being, in the long run. The present endeavour dealing with the ManasikVyadhi in both the

Ayurveda as well as modern psychiatry, have been purposely aimed to facilite the structural and functional status of Manas (mind) in the body

15. The last chapter of the present thesis work, dealing with the structure and location of the manas in the body demands a thorough exploration of the substantial information available in Indian and modern literatures about the body, mind and soul, jointly constituting the phenomenon of life. As exact configral understanding and location of the manas in the body, first hand, requires a proper understanding of thesis three above said entities and their interrelationship through a particular organization or system in the body. The concern subject matter are to be explored under following subheadings. These are:

(A) Mind-Body-Soul Inter relationship

According to Indian literatures the body, mind and soul are three different entities, jointly constituting the life process. The body is said to be constitue of Panchamahabhutas and the consciousness and thought are attributes of the soul and mind respectively. Both have been accounted Dravyas in Indian thought. In every living body there is a conscient being or experiment or personality which continues to exist tagged with the mind even after the body is cremated. They are designated as Jivatma, Purusha or kshetragya. In the Western philosophy, the mind or soul is a metaphysical entity.

(B) Mind-Body-Soul in the light of Modern science

The present physiology tells that body is made up of cells which are constantly changing in a period of 7 years, entire old cells get replaced by new one. But the consciousness or soul tagged with the mind remains constant through out the life.

(C) Mind , Body, Consciousness – Three Different Entities

Mind, body and consciousness are three different entities, while the body tires the consciousness does not, the body may get exhausted of physical energy whereas the consciousness tagged with the mind feel inexhaustibleness of physical, metaphysical or spiritual energy and grow with the years. While body ages with years mind gets more wiser and more experienced.

(D) Mind (Thought) and Soul (Thinker)

In Indian philosophy thought is said to be the basis of all actions and mind thinks through the mechanism of brain. Good thoughts bring one to peace while the evil thoughts result in mental tension and peacelessness. The thoughts and ideas or concepts or knowledge or experience or perception are not the physical things but they must be the outcome or the affects of some things which is physical or into form of dravyas, as envisaged by ancient thinkers.

(E) Mind (Thoughts and Ideas) is not Byproduct of Brain

It was believed that the thoughts and ideas are the epiphenomenon of brain or byproduct of some processes in brain tissues. It was said to be the secretion of brain as bile is the secretion of lifer. The another belief of thought as a product of molecular process of the brain is also confusing due to physical and metaphysical phenomenon of brain and thought respectively. The theory could not stand longer.

(F) Mind as a Matter:

Long back the matter and energy were considered to be separate things. But the researches in science proved that the matter may get transformed into energy and vice versa. Thought as a function of mind is a kind of energy and it is said that the mechanism of brain converts the electrical impulses into thoughts. It is said that the mind is not matter nor matter is mind. Thought is not a form of material energy. It emanates from the consciousness and super natural and super physical entity called soul. The self tagged with the mind is neither the body nor the brain, nor it is an evolute or an instrument of matter. It does not end with the death of body and brain.

(G) Mind and Soul (Consciousness)

Human body activities are quite different to that inner action between the earth, sun, moon, and stars. Thoughts, ideas and wills play a prominent part in it. Mind is generally believed to be a manifestation of consciousness or awareness. The sentient being is the soul or jivatma. The mind and intellect are the invisible soul functional abilities of the soul. They are the souls faculty which works through the brain, the nervous system and the organs of the body.

(H) Mind is an organ of cognition:

The psychologista have agreed that the mind has three main functions or manifestations. Out of these, the cognition includes the faculty of perception, judgement, understanding, reasoning, memory, etc. The other two known as conation and affection. All these tendencies or inherent faculties of mind are the action and quantity of some thing present in some form, somewhere in the brain. These three cognition, conation and affection, are known as consciousness or chetana of the soul tagged with the mind.

(I) Mind (Thought) and Soul (Consciousness) are not the properties of biochemical mechanism

Life, thoughts, instincts are not the marks of the soul tagged with the mind but it is only when the material elements take the form of the body with it functions going on them, in that state comes in matter, brain, or body, the faculty of will, feeling, remembering, etc. these views were contradicted because when attribution features are absent form the cause they cannot be found in the effect. The believe of the recent psychologists and biologists that it is the brain cells, their connectivities and white and grey matter of brain which are responsible for learning, thinking, remembering, memorizing, etc., and the mind is the only a biological response to the external or internal stimuli or it is a affect of certain biological actions but they do not believe in the existence of any superphysical mind. This was wrong notion, contradicted by various recent studies and experiments. It was finally decided that mind and intellect are not product or evolute of gross or subtle mater,l they are different from body functions. The functions like judging, feeling are the abilities of mind tagged with the soul. The physical body, the brain, the gene, the chromosome, the blood and the other constituents of the body or the medium through which the soul tagged with the mind expressed it will.

(J) Soul-Mind Nature and its location

We know that the brain behaves like a computer to store the memory of events in it and uses it to perceive, experiences and enjoy material objects according to will of soul tagged with the mind. Whether mind is a product of electrical impulses of the neurons or epiphenomena of certain electro chemical processes in brain tissues or it is a separate entity, material, metaphysical and transcendental. How the mind is related to the brain and body where in the brain it is located and seated in the particular part how it makes the entire physical, mental system work these are the point dealt in this heading and the subject matter dealing with the structure and function in relation to abilities and functions of mind, seat of mind in the brain, various parts of brain and its functions, reticular activating system, somatic nervous system, somatic motor pathway, reflexes, autonomic nervous system "Have been thoroughly analyzed, based on both the ancient and modern approaches. The above description revealed that the Hypothalamus is the part of the brain which through the pituitary gland controls all the endocrine glands and secretions of harmones.

It also controls the state of awakening and sleep in conjugation with the reticular activating system and acts for expression and inhibition of emotions in coordination with the thalamus and limbic system and works for sense perception and other mental actions. Seated here on a thrown as it were, located, a place between the eyes brows, the soul tagged with the mind acts through the mechanism of brain and the body.

16. We know that the universe is made up of animate (living

organism) and inanimate objects. The living organisms have two basic properties namely (I) consciousness and (II) ability to react. The life principle lies on the soul. The sensory and motor organs are the external instruments and the mind is internal instrument of the soul. Soul or Atma is the knower and mind is the instrument for acquiring knowledge.

17. To have the perceptions of the surrounding we found that the five types of stimuli (sight, hearing, smell, taste, tough) coming out from the different sources of the environment are being experienced by our five sensory organs (eues, ears, nose, tongue, skin). These sensory impulses are communicated to the sensory centres in the brain and then to the secondary sensory areas around the border of primary sensory areas and interpreted accordingly. General awareness of the surroundings are the phase of awakefulness. It is controlled by Reticular formation present in the medulla, pons, mind-brain, thalamus and hypothalamus. The thalamic portion of reticular formation sends the signal to all parts of the cerebral cortex resulting in the phase of awakefulness. The mind is not focused on any particular object nor it is engrossed in thinking. Here mind makes a momentary contact with various sensory areas in rapid succession and thus has a general sense of awareness of the entire surroundings. Attention is the function of mind and can be of three degree i.e., no attention (mind is not working at all), general attention (wakefulness) and intense attention (concentration).

18. Intellect, memory and conscience are the components of the mind that operates on a higher plane, though mind is one functional unit. Details and the types of these three components of mind can be seen from the subject matter. The literature supports that the mind is a functional unit and operates in various levels in human organism but besides the different parts of brain like reticular formation cortex. Postenor tip of faters hippocampal zone and neo cortex, controlling the consciousness or general awareness, pleasure and pain, desire and aversion, instincts and emotions, thinking and concentration, intellect,

memory and conscience, the hypothalamus has to play an overall controlling role on them. In Indian philosophy mind is said to be one of the antahkarana and has four components like mana (thought centre), Ahamakra (ego), Buddhi (intellect) and chitta (memory centre). It is also a media for telepathy which require hard work, concentration and necessary skill.

This work still deserves a highly sophisticated neuro physiological experimental and clinical exploration, particularly at human level, to satisfy the concerned quaries, all around.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	232
4	[ArtTitle]	***STUDY OF MIND-BODY RELATIONSHIP WITH SPECIAL REFERENCE TO CARAKA SAMHITA***
5	[ArtEqEng]	
6	[NmeScholar]	Chaube, Deo Brat
7	[NmeGuide]	G. P. Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	The central theme of the thesis is to analyze the mind body complex as described in Charaka samhita. In Indian system of philosophy several theories have been propounded to explain the nature of mind and its association with the body. Accordingly the mental factors influence the bodily functions and ultimately responsible for the causation of psychosomatic disorders. The subject matter of the thesis has been divided in five chapters. In first two chapters the origin and nature of mind and body has been critically discussed and analyzed. In chapter three, the concept of psychophysiological parallelism has been discussed. In this concept mind and body have been considered two distinct groups of processes, material (physiological) and in material (psychological). Both do not interact with each other but are altered in a parallel fashion. Certain physiological changes are associated with certain

psychological alterations and vice versa. From the critical study of Ayurvedic literature it is evident that mind body relationship has much significance while discussing the etiology of the diseases.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	262
4	[ArtTitle]	***STUDY OF TRADITION OF YOGA IN ANCIENT INDIA***
5	[ArtEqEng]	
6	[NmeScholar]	Joshi, Karuna
7	[NmeGuide]	G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D
16	[SubStudy]	Basic Principles
17	[Any another]	
18	[Abst]	The present thesis has been planned to study a tradition of Yoga in ancient India. The word Yoga occurs in Rigveda in different senses. During the period of Panini the word Yoga has attained its technical meaning. In the principal Upanishads the union of individual self with Supreme self is called Yoga. Upanishads have provided more comprehensive view regarding the individuals and universal self. Citta (Manas) and Ahamkara are responsible for universal sufferings. The liberation is only responsible by removing ignorance and meditation. Yoga admits Avidya as the root cause of miseries of the world. Yoga recognized that the soul is essential conscious and it is totally different from psychobiological universe. Buddhism proposed the rational theory of consciousness. Atman is an empirical aggregate and there is self beyond this. The concept of Karma has been widely

discussed in ancient Indian literature. In Vedic literature sacrifice has been considered as one of the important Karma, which is responsible for future good life. Upanishads provide more comprehensive ideas about the theory of rebirth and Karma. The concept of transmigration of soul has been widely discussed in different system of Indian philosophy. Death was never considered as the cause of total destruction of Jiva. The yoga view of Sukshma Sarira is not identical with the view of Samkhya. The concept of Citta has occupied a supreme position in the development of Indian culture and civilization. Citta (manas) is instrument by which self gain knowledge Patanjali also recognize five types of mental tendencies. According to Caraka, Manas and Sarira including Indriyas are the seat of pain (Vedana). According to Jainism freedom of soul from body (Pudgal) is the ultimate aim of life. In Jainism, Dhyana has been considered as one of the most important method for salvation.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	239
4	[ArtTitle]	***YOGA AND AYURVEDA THEIR ALLIEDNESS AND SCOPE AS POSITIVE HEALTH SCIENCE***
5	[ArtEqEng]	
6	[NmeScholar]	Mishra, Satyendra Prasad
7	[NmeGuide]	R.H. Singh, G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	

The object of the present thesis is to conduct a critical study on the alliedness of Ayurveda and yoga as well as their possible scope as positive health sciences.

Yoga and Ayurveda are allied disciplines, both being equally ancient sciences of similar fundamental principles considering life as the composite entity consisting of the body, mind, soul and the sense apparatus. Ayurveda deals with the problems related to the preservation of health as well those related to the cure from diseases. In contrast Yoga is primarily a system of metal and spiritual development though it has also beneficial applications to the physical problems of health and disease.

Though yoga is not conceptually developed as a health science but in view of some original textual references and the data emerging out from the current studies on the medical and

health potentials of some Yoga practices, it is worthwhile to include Yoga in Swasthavritta of Ayurveda as positive health measure. From the study it is suggested that Yoga should be developed simultaneously on two lines (i) as a method of mental development, tranquility of mind and higher consciousness and (ii) as a positive health measure for which it should be included into curriculum of Swasthavritta and sadvritta.

Grossly, Yoga should be treated as a part of Ayurveda and it should be included under educational and developmental programmes.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	403
4	[ArtTitle]	***CARAKASAMHITA KE ANIRNITA AUSADHIDRAVYA***
5	[ArtEqEng]	
6	[NmeScholar]	Sathe, Nilakantha Balavanta
7	[NmeGuide]	Dwivedi, Viswanath
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarat Ayurveda University, Jamnagar
12	[Year]	1960
13	[EnNo]	
14	[Lang]	English
15	[Study]	H.P.A.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	

The name of the drugs and their synonyms numberings 1760 used in Charaka Samhita has been collected. However, the actual number of drugs is 536 as mentioned in different contexts.

These drugs are divided as follows:

Dravas : (1) Anirnita
(2) Asandigdha
Parthiva Udbhida Jangam(58)
Pakshi (77) Pashu(55)

The following are the Anirnita Dravyas in Charaka Samhita

1. Aja

2. Anjanamaka
3. Adhoguda Antaj Kotapuspi
4. Abisuka
5. Amlavetasa
6. Amlika Kanda
7. Adityaparni
8. Intaka
9. Indrayudha

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	238
4	[ArtTitle]	***GROWTH OF PSYCHO-SOMATIC MEDICINE IN ANCIENT INDIA***
5	[ArtEqEng]	
6	[NmeScholar]	Agrawal, Aruna
7	[NmeGuide]	G.P.Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	Present thesis has been planned to study the evolution of psychosomatic medicine through ages. There was a great quest to understand the nature and origin of life. The origin was traced from the cosmic evolution. All the living beings are the integral parts of universal phenomenon. Therefore Indian seers have considered metaphysical, physical psychic and spiritual aspects of life simultaneously. Freedom from miseries of life brought philosophy and science of life together, psyche and soma both were considered simultaneously and the continuity between both envisage the possibility of freedom from miseries through attainment of perfect psychosomatic health. Soul occupies the most prominent place in the development of life process. In the present work attempt has been made to analyze the nature of mind and its association with body. Various psychic factors

like worry, anxiety, fear etc. play an important role in the causation of diseases. In brief Ayurveda advocated for the practices of ethical and moral life in order to avoid stress and strain of life. The cause of illness was systematically analyzed and measured from the prevention is discussed in detail.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	10
4	[ArtTitle]	***NEOROHUMOURAL ASSESSMENT OF THE CONCEPT OF KRIYA KALA WITH SPECIAL REFERENCE TO SOME PSYCHO SOMATIC DISEASES.***
5	[ArtEqEng]	
6	[NmeScholar]	Agarwal. V.D
7	[NmeGuide]	R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The object of the present investigation was to assemble the clinical and experimental evidences in order to examine the validity of the correlation of three principal neorohumours namely Acetylcholine, Catecholamines and histamine with the three Doshas described in Ayurveda namely Vata, Pitta and Kapha respectively. Further, the present project also aimed to assess the sequence of Doshika changes in terms of the pattern of systemic variations in the blood level of the three neurohumous mentioned above during various stages of a disease in order to validate the concept of Kriya Kala. The clinical studies were conducted in two sets of sets of

subject's viz., (a) normal human volunteers (total number 50) and (b) certain psychosomatic disease status (total number 100). From the study it was seen that the normal person of Vatika, Paittika and Kaphaja constitution (Dosa Prakriti) showed a significant preponderance of acetylcholine, catecholamine and histamine respectively. Again the patients of anxiety neurosis (a predominantly Vatika disease) showed highest level of acetylcholine.

Whereas hypertension, identified as a predominantly Paittika disease, showed highest level of catecholamines and bronchial asthma a classical kaphaja disease exhibited highest level of histamine.

So, this study validates the correlation of the three Doshas i.e. vata, Pita and Kapha with the acetylcholine, catecholamine and histamine respectively.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	66
4	[ArtTitle]	***STUDIES ON POST OPERATIVE PHYSIOLOGICAL RESPONSE IN RELATION TO PRAKRITI***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma. S.S
7	[NmeGuide]	P.J. Deshpande, R.C. Chuadhary
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1972
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The present study was undertaken to determine whether the physiological functions or responses were really different in different prakriti like Vata, Pitta & Kapha. Clinical study was made on 174 cases of different types of surgical operations. The normal responses as enunciated by Sushruta namely pain, appetite, thirst, sleep, passage of flatus and stool were recorded and studied in relation to prakriti of patients. From the observations of different prakriti of patients in pre operative, during operation & post operative periods different physiological changes have been found by which one can manage patients with care in future. On the basis of expected behavior precautions can be taken to avoid the complications or minimize them by assuring un events fine recoveries in the patients undergoing elective or emergency surgery.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	422
4	[ArtTitle]	***STUDY OF NUTRITION***
5	[ArtEqEng]	
6	[NmeScholar]	Singh S. Sarmukh
7	[NmeGuide]	Trilok Chandra Jain
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarath Ayurveda University, Jamnagar
12	[Year]	1961
13	[EnNo]	
14	[Lang]	English
15	[Study]	H.P.A.
16	[SubStudy]	
17	[AnyOther]	

18 [Abst]

In introducing the subject, the author recognize human as a evaluated being, the growth after birth depends on favorableness of time (Kala), natural endonoment (Svabhava)) diet (Ahara and freedom from retardation (Abhighata).

Succeeding chapters deal with the classification of food materials from different angle as noted in Ayurvedic classics. Modern perspective on Nutritive values is noted.

Discusses the dietetic regulations noted in Ayurvedic texts and their pact in digestion. The importance of measured diet, kitchen mode of serving and order of eating in maintaining health. Significance of after portions (Anupana), wholesome & unwholesome diets is noted.

Nutritional value of food & some nutritional disorder known in modern medicine in incorporated. At the last few case histories are enclosed but left without presentation & discussion. Information of nutrition in Ayurveda seekers will be empty benefited.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	62
4	[ArtTitle]	*SURGICAL INSTRUMENTS OF SUSHRUTA*
5	[ArtEqEng]	
6	[NmeScholar]	Prasad, Vidyanand
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1971
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	In the present study different types of instruments described in Susruta Samhit and in other texts are studied in detail along with the diagrams. Shastras or sharp instruments their nature of construction, definite uses and specifications with their comparative relevance and advantages have been elaborately studied and compared with modern instruments, Anushastras, the accessory sharp instruments with their surgical importance have been elaborately described. The work done is very informative in this field.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***AETIOPATHOGENESIS OF MALAVASTHAMBHA***
5	[ArtEqEng]	
6	[NmeScholar]	Mehendale A
7	[NmeGuide]	Prof. Dr. A.B. More
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGNIDAN
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2004- 2005
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Literature research
18	[AnyOther]	

19 [Abst]

Background & Aim: Malavasthambha is not mentioned as a separate disease in Ayurvedic texts. Therefore we have made attempt to present in the nidanapanchaka manner. Aim of this work is to study the aetiopathogenesis of malavasthambha, caused due to increased ingestion of fast food and irregular habit.

Methodology:

Literature was collected from various Ayurvedic texts A special case paper prepared to conduct study.

Study was conducted at the BV Ayurved College and hospital in 53 cases of malavasthambha, irrespective of age and sex and the person in which bowl open often less then three times per week since one month with hard stool. Those having acute constipation, pregnancy and history of previous operative of any disorder of GI tract were excluded

Results: According to data collected, 35.85% patients were non vegetarians in which 35.85 %, 24.53 %, 20.75 % were eating chicken, fish & eggs respectively. In vegetarians, consuming Taila, milk products, Ghruta, Navnita , curd, milk, butter milk were found as 51.03, 56.60 ,7.55, 11.32 , 52.83, 20.75 , 9.43 % respectively. Consuming hotel food like- Punjabi dishes 20.75 %, south Indian dishes 58.49 %, and Chinese 18.87 % were observed.

Interpretation: The current study document the persistently importance of hetu in the formulation of disease like malavasthambha in current days and as hetu for the pathogenesis of other disease. Malavasthambha is tridhosaj vyadhi and it should be considered as a separate disease.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***EFFECT OF BILWA PATRA SWARAS ON PRAMEHA SAMPRAPTI BY CLINICAL AND LABORATORY METHODS.***
5	[ArtEqEng]	
6	[NmeScholar]	Landge N. J
7	[NmeGuide]	Prof. Dr. A.B. More
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGANIDANA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2005- 2006
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Clinical research
18	[AnyOther]	
19	[Abst]	Background & Aim: ***Due to ushna, laghu and ruksha guna & vata-kaphahar property Bilwa patra swaras was useful in Prameha. The study was aim to establish the effect of Bilwa patra swaras on prameha samprapti by Clinical and laboratory methods.*** *Methodology:* This study was conducted at the BV Ayurved College and hospital on 63 patients irrespective of age and sex. and divided into three groups Bilwa patra swaras(Group I), Bilwa patra swarasalong with modern drug (GroupII) & Pathya- ahara and Vihara (Group III). Patients of NIDDM, IDDM and newly detected diabetes were excluded from the

study. Special case paper was prepared to conduct a study.Bilwa patra swaras was administrated 20 ml twice a day morning and evening for 30 days. Follow-up was carried out every 7th, 15th and 30th day . Criteria for assessment was reducing in blood sugar level, and lakshana of prameha using Chi-square test.

Results: BSL and USL were reduced in Group -I, reduced maximum in Group -II , not much effect were seen in Group III. Results obtained in other signs & symptoms of Prameha were as follows:

Lakshana	Group I:	GroupII:	GroupIII
Hast-pada tal daha	71.42	72.22	58.33
Madursa shukla mutrata	66.66	95.23	47.61
Pipansa/ trishna-	77.77	71.42	50
sweda-adhikya-	81.81	77.77	61.53
Nakta mutrata-	61.90	85.71	60

Interpretation: Premeha is a yapya vyadhi. So with the help of pathyakar ahar-vihar and pramehaghana chikitsa we can control the disease. This study showed that bilwa patra swaras reduced urine and blood sugar level.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	"TO STUDY THE EFFECT OF 'SHIGRU MOOLA' (MORINGA OLEIFERA) ON URINARY TRACT INFECTION THROUGH CULTURE AND SENSITIVITY TEST"
5	[ArtEqEng]	
6	[NmeScholar]	Muke A.A
7	[NmeGuide]	Vd.V.A.Joshi MD
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGNIDAN
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2004- 2005
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Pharmacology
18	[AnyOther]	
19	[Abst]	

Back ground & Aim:

The aim of study was to collect & compile the Ayurvedic as well as modern literature about Shigru & Krumi and an effort was made to determine the antimicrobial assay of Shigru Moola.

Methodology: Study was conducted at the BV Ayurved College and hospital in 52 samples having albuminurea and pyuria in microscopic examination and well clinically diagnosed UTI patients irrespective of age and sex. Special culture and sensitivity disc had been prepared separately.

Alcohol extract of Shigru mool and decoction of 30 & 60 gms of Shigru Moola churna in 480 ml of water was prepared. Detailed case paper was prepared to diagnose the UTI clinically. The chief assessment criterion was to measure the sensitive area on the sensitive disc. The data was analyzed by employing 'z' test.

Results:

E. Coli was resistant to both Kwath & Extract of Shigru Moola.

Staphylococci aureus was only sensitive to high concentration of Shigru Moola Extract.

Streptococci was sensitive to Shigru Moola Extract only.

Pseudomonas Aureginosa was resistant to both Shigru Moola Extract and kwath.

Interpretation: This study showed the importance of Herbal drugs as antimicrobial effect in modern days of developing high resistant day by day and one step ahead in developing the newer antibiotics.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE EFFECT OF AIR-CONDITIONING ON THE HUMAN BODY & TO ANALYSIS THESE EFFECTS FROM AYURVEDIC VIEW.***
5	[ArtEqEng]	
6	[NmeScholar]	Mulla M. B
7	[NmeGuide]	Vaidya Pawaskar Rasik S
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGANIDANA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2003-2004
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Socio-demographic studies, Para clinical
18	[AnyOther]	

19 [Abst]

Background & Aims :

To study the effect of air-conditioning on the human body & to analysis these effects from Ayurvedic view on various parts of the body like dhosha, dhatu, mala, agani, strostsha, indriya and avayavya.

Observations:

It is retrospective type of observational study, which included interview, preparation of case paper.

Air-conditioning is an important hetu for formation of various vyadhis. It resulted in vata-prakopa as its effect are primarily due to sheeta and rusksha guna. Rasa, asthi, majja and rakta are most effected dhatu. Among srotasa-pranvaha, purishvaha, asthivaha, rasavaha, majjavaha are most affected. Considerable rakta and majja dushti lakshana reveal that air-conditioning act as a virudh vihar.

Results:

The current study documented air-conditioning as a persistently causative factor for various diseases. These results emphasize the preventive aspect of diseases which have origin in the hazardous effects of air-conditioning.

Interpretation:

Air-conditioning, which has become as a status symbol, proves out to be a hetu due to Sheeta and Ruksha Guna and also a Viruddha Vihara hetu. It, therefore, leads formation of various vyadhis and it is advisable to use it judiciously.

1 [ArtID]

2 [FolNo]

3 [SlNo]

4 [ArtTitle] **TO STUDY THE EFFECT OF CHANKRAMANA ON MADHUMEHA CLINICALLY WITH SPECIAL REFERENCE TO BLOOD SUGAR LEVEL.**

5 [ArtEqEng]

6 [NmeScholar] Gavali S. K

7 [NmeGuide] Prof. Dr. A.B. More

8 [NmeCoGuide]

9 Name of the Journal

10 [Dept] DEPT. OF ROGANIDANA

11 [Insti] BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE

12 [Univ] BHARTI VIDYAPEETH UNIVERSITY, PUNE

13 [Year] 2003 -04

14 [EnNo]

15 [Lang]

16 [Study] MD

17 [SubStudy] Clinical research

18 [AnyOther]

19 [Abst]

***Background & Aim*:** This clinical study was designed to establish the effect of chankramana on madhumeha with special reference to blood sugar level by laboratory method and clinically by signs and symptoms.

***Methodology*:** This study was conducted at the BV Ayurved College and hospital on 120 patients, between 30 to 65 year age group of irrespective of sex and patients having blood sugar level below 350 mg/dl and divided into different groups as Chankraman group, Chankraman & pathya group and Chankramana, pathya & Routine drugs group. Patients those are having disease with complication, require santarpanotha chikitsa and IDDM were excluded from the study. The chief assessment criterion was reduction of blood sugar level. The data was analyzed by employing pair-t test.

Results: Reduction of blood sugar level in chankramana group was average 16 mg/dl, while in pathya & chankramana group 20mg/dl in every 15 days.

Chankramana, pathya & Routine drugs group showed significant reduction in dose of hypoglycemic drugs and reduction in BSL –23 mg/dl in every 23 days.

Interpretation: The data generated from the current study clearly showed the hypoglycemic effect of chankramana alone or combination of pathya + Medicine + chankramana in both fasting and post-prandial state in urine and blood sugar was satisfactory. From the present study it appears clearly that chankramana had important role in reducing urine sugar and blood sugar level.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY AND UNDERSTAND EFFECT OF GUTKHA – HOW IT ACT AS GARAVISHA FROM AYURVEDIC VIEW***
5	[ArtEqEng]	
6	[NmeScholar]	Tambe S. B
7	[NmeGuide]	Vaidya Pawaskar Rasik S
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGANIDANA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2003 -04
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Socio-demographic studies, Toxicology, Para clinical
18	[AnyOther]	
19	[Abst]	

Background & Aims :

Gutkha is a major addiction seen in India and this study aims to analyze its effects in the light of Ayurvedic principles of Vyadhi nidana, especially garavisha. This is expected to form the basis of further study to control, treat and manage this addiction.

Observations :

Special case paper was formed considering the signs and symptoms of dosha dushti given in Ayurvedic texts. Literary information about the content of gutkhas well as garavisha is

compiled from Ayurvedic texts. More than 100 volunteers consuming Gutkha regularly were examined and the data analysed into the effects on Ayurvedic parameters like dosha, dhatu, mala etc.

Conclusion :

The lakshanas of garavisha described in the samhitas are seen in the habitual users of Gutkha. Various elements of samprapti of garavisha have been observed in the volunteers. Lakshanas like Panduta, Mandagni, Kasa, Adhman, Yakrut and pleeha vridhi, Dourbalya, Alasya, Samprapti elements like Tridosha prakopa, Rakta, Majja, Shukra, Ojadushti, Agni vikruti and Manodushti are observed in majority of the volunteers.

Interpretation :

The current study interprets the great social menace called Gutkha chewing in the light of Ayurvedic principles and forms the basis of chikitsa in such patients.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE EFFECT OF SWARNAKSHIRI (ARGEMONE MEXICANA) ON URINARY TRACT INFECTION THROUGH CULTURE AND SENSITIVITY TEST.***
5	[ArtEqEng]	
6	[NmeScholar]	Chandak A.K
7	[NmeGuide]	Prof. Dr. A.B. More
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGNIDAN
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2004- 2005
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Para clinical
18	[AnyOther]	
19	[Abst]	***Background & Aim:*** This study was designed to establish the antimicrobial effect of swaranakshiri on urinary tract infection through culture and sensitivity test. An approach to help in developing newer antimicrobial agent in fast developing resistant days. ***Methodology:*** Study was conducted at the BV Ayurved College and hospital in 50 samples having albuminurea and pyuria in microscopic examination and well clinically diagnosed UTI patients irrespective of age and sex. Special culture and sensitivity disc had been prepared separately. Water

extract of swaranakshiri was prepared. Detailed case paper was prepared to diagnose the UTI clinically. The chief assessment criterion was to measure the sensitive area on the sensitive disc. The data was analyzed by employing 'z' test.

Results: Out of 62 samples, 42 samples of E.coli showed sensitive. Mool kwath in low & high concentration was resistant in 42 & 32 samples respectively, while mool extract was resistant in 18 & 24 samples respectively.

Beeja Kwath & Beeja extract in low & high concentration was resistant in 42 , 27 ,13,9 samples respectively.

In Staphylococcus aures Mool kwath & moolextract in low & high concentration was resistant in 5,5,5 &2 samples respectively, while Beeja Kwath & Beeja extract in low & high concentrations was resistant in 5 samples each.

Interpretation: This study showed the importance of Herbal drugs as antimicrobial effect in modern days of developing high resistant day by day and one step ahead in developing the newer antibiotics.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***UPSHAYATMAK STUDY OF THE EFFECT OF USHNODAKA ON BLOOD CHOLESTEROL LEVEL AND STHAULYA LAKSHANANI***
5	[ArtEqEng]	
6	[NmeScholar]	Sankpal M. M
7	[NmeGuide]	Prof. Dr. A.B. More
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGANIDANA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2003 -04
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Para clinical
18	[AnyOther]	
19	[Abst]	***Background & Objective:*** Increased cholesterol & obesity is the burning problem in today's era. This clinical study was designed to establish the effect of ushnodaka on blood cholesterol and sthaulya. ***Methods:*** Literature was collected from various Ayurvedic texts. A special case paper was prepared and clinical study was conducted at the BV Ayurved College and hospital on 50 cases, above age 18 years irrespective of sex and well diagnosed by Ayurvedic parameters. The assessment criterion was sthaulya

(according to Ayurvedic criteria) and body mass index and blood cholesterol level above 250 mg/dl (Modern parameter) Major complication, pregnant woman and hormonal imbalance patients were excluded from the study. 200 ml. Ushnodaka was administered thrice daily, before breakfast & meals for 30 days. The chief assessment criterion was reduction of blood cholesterol level before & after treatment. The data was analyzed by employing Chi square test in reducing the symptom and pair-t test employing in reducing weight loss.

Results:

Observation of study showed average 3.04mg/dl of blood cholesterol reduced with in 30 days and regression in symptom of sthaulya was observed as borderline 25%, improved 25-75%, markedly improved 75-95% and cured 100%.

Interpretation:

The current study document a persistently reduced in blood cholesterol and role of upshayatmak study of ushnodaka on blood cholesterol.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***HETWABHYAS OF ISCHEMIC HEART DISEASE W.R.T. AHAR, VIHAR AND MANAS HETU***
5	[ArtEqEng]	
6	[NmeScholar]	Tamboli F.
7	[NmeGuide]	Prof. Dr. A.B. More
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGANIDANA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2003-04
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Literature research
18	[AnyOther]	
19	[Abst]	***Background & Aim:*** Due to fast changing pattern of life, ratio of hridroga is very high. To study the utpatijanak Hetu of ischaemic heart disease (Hridroga) w.r.t. ahar, vihar and manas hetu, which will help to decreases the incidence of Hridroga by Nidan parivarjana. ***Methodology:*** Literature was collected from various Ayurvedic texts. . A special case paper prepared & Survey Study was conducted at the BV Ayurved College and hospital on 50 cases, above age 25 years irrespective of sex and well diagnosed by modern parameters. Patients having congenital anomalies and acute severe cases were excluded from the study. Different type of hetu were assessed in case taking those

are play significant role in aetiopathogenesis of the disease and final result was drawn by employing simple statistical methods.

Results: Out of 50 patients, manas hetu (Atichinta& Atikrodha etc) played important role in 60% patients , viharaj hetu (Atimatrashan, vegvidharan, atimarutsevan, avyayam etc) played role in 28% patients and aharaj hetu (Madhur, katu, lavan rasa atisevana) played role in 12% patients. According to observations, ahar, vihar and manas hetu in IHD patients showed Pitta-vaat prakopa in 10% , Pitta-kapha prakopa in 38% and Kapha-pitta parkopa in 52%

Interpretation: IHD is tridoshaj vyadhi and Kapha-Pitta prakopa play an important role in aetiopathogenesis of the disease. By studying etiological factors of hridroga in current day life style, we can decrease the incidence of hridroga by Nidan privarajana.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	363
4	[ArtTitle]	*KRIYA KALAS*
5	[ArtEqEng]	
6	[NmeScholar]	Kedlaya, H.K.
7	[NmeGuide]	C.Dwarakanath
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarath Ayurveda University, Jamnagar
12	[Year]	1958
13	[EnNo]	
14	[Lang]	English
15	[Study]	H.P.A.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Different aspects of disease producing process in the body have been discussed. Role of Doshas Dhatus, Malas, Shrotas and Nidan has been detailed. Explanation of two systems of Charaka and Shushrut is attempted. Charaka has described the disease process under (1). Chaya (2). Prakopa and (3). Prasara. Sushruta has done so under (1).Sancheya (2). Prokopa (3). Prasara, (4). Sthana Samshraya (5). Vyakti and (6) Bheda. There dividing into:- 1. The sub clinical or formative stage which includes (a) Sanchay (b) Prokopa (c) Prasara 2. Clinical Manifestation. A) Stharsamsraya b) Vyakti c) Bheda. It managed in the former stage the disease will not manifest. The latter is the curative stage. In Sthana samsraya, Dooshya corrective treatment would be given where as in Vyaktavasta treatment is advised. To under stand the disease process so cures of Vata shleshmaka jwara (influenza) epidemic were studied.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE RELATION BETWEEN MUKHADUSHIKAS APPEARANCES WITH REFERENCE TO PARTICULAR HETU, DOSHA DUSHYA TO FORM ITS SAMPRAPTI VICARA IN MODERN TIMES.***
5	[ArtEqEng]	
6	[NmeScholar]	Dand P
7	[NmeGuide]	Vaidya Pawaskar Rasik S
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGANIDANA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2004-2005
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Socio-demographic studies, Para clinical
18	[AnyOther]	
19	[Abst]	

Background & Aims :

The modern day life style has seen emergence of a number of new hetus which have lead to changes in samprapti of various vyadhis. This study aims to analyze this modern day scenario to understand the hetu and samprapti of mukhadushika.

Observations :

It is a retrospective type of observation study which included interview based on the structured questionnaire and case paper.

Conclusion :

Mukhadushika were found more in females. It was also seen that more than 85% patients are found in age group of 16 to 30. Rasa, Rakta, Mansa, Meda, Shukra dusthi was observed in mukhadushika with Rasadushti in 71.30% and Raktadushti in 70.37% were the major dushyas. Among the hetus, Atapa and anala sevan, Consumption of vidahi dravyas and divaswapna dominated.

Some guidelines and trends have been established between the sthana and swaroopa of mukhadushka and the dosha dushya involed. Relationship between specific hetus and specific lakshanas in mukhadushika has also been established.

Interpretation:

This study interpretes a problem which is very common in today's life and which is considered very important by young generation viz. Mukhadushika. This study provides framework for chikitsa modules for Mukhadushika through analysis of through Dosha, Dhatu, Mala, Srotasa and Mana.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	358
4	[ArtTitle]	*MUTRA PARIKSHA*
5	[ArtEqEng]	
6	[NmeScholar]	Bhatnagar, L.S.
7	[NmeGuide]	C. Dwarkanath
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarat Ayurveda University, Jamnagar
12	[Year]	1958
13	[EnNo]	
14	[Lang]	English
15	[Study]	H.P.A.
16	[SubStudy]	
17	[AnyOther]	

18 [Abst]

Mutra Pariksha is recommended in eight fold examination. Methods of urine examination as described in texts have gone completely out of practice due to lack of further experimental research. An attempt to know Ayurvedic concept of urine examination comprehensively. Urine examination methods and to assess the utility of these methods, data from Ayurvedic texts and commentaries there on have been collected. Chronologically which presents a cogent evolution? The modern system of urine collection, examination, record keeping with the details of experimental work has been correlated. He has demonstrated the textual prescribed as for as possible. The methods have been compared with the prevalent latest methods elsewhere.

The experimental findings did not, in many cases, tally with those descriptions in the texts. The authors have examined more than 300 urine samples of normal and abnormal individuals. Further definitive work for this purpose is wanting.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	*COMPREHENSIVE STUDY OF NAKHA PARIKSHA IN VARIOUS DISEASES THROUGH AYURVEDIC PERSPECTIVE.*
5	[ArtEqEng]	
6	[NmeScholar]	Nakawala R. N
7	[NmeGuide]	Prof. Dr. A.B. More
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGANIDANA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2006-07
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Para clinical
18	[AnyOther]	
19	[Abst]	

Background & Aim: This study was designed to estimate the relation of nakha vikruti and aristha lakshna with various diseases according to Ayurvedic and modern perspectives.

Methods: Literature was collected from various texts of Ayurvedic and modern sciences. A detailed case-paper was prepared for this survey study. This retrospective study was conducted at the BV Ayurved College and hospital on randomly selected 180 patients irrespective of age, sex, marital status & financial condition. Patients having traumatic injuries on nails were excluded from the study.

Results: Shweta Varna Nakha was found in 40(22.22%)

patients of Pandu, Udararoga, Arsha, CRF . Pitta varna Nakha in 15(8.33%) patients of kamala, parshwashula and krushna varna Nakha in 7(3.88%) patients of drugs induced conditions. harita varna Nakha in 3(1.66%) patients suffering from nail infections and rakta varna Nakha in 10(5.55%) patients were found in CRF and nila varna nakha in 10(5.55%)patients were found in Raynaud's phenomena & hridroga. Faster growth & slower growth was seen in 40(22.22%) & 32 (17.77%) cases respectively. According nakha vikriti round 60(33.33%) , Square 43(23.88), Oval42(23.33%), Triangular10 (5.55%),Spoon shaped 05(2.77%),parrot beak like15(8.33%) was found.

Interpretation: The current study document a persistently importance of nakha parikshna (nail examination) in various disease and serve as important clues to various disease & provide the astute clinical information.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1338
4	[ArtTitle]	***STUDIES ON NADI PARIKSHA (SPHYGMOLOHY)***
5	[ArtEqEng]	
6	[NmeScholar]	S.D.Upadhyay
7	[NmeGuide]	G.N.Chaturvedi
8	[NmeCoGuide]	N.P. Rai
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1975
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The study is aimed at pulse examination as an important means of diagnosis. In the field of Ayurveda, this is the first work of its own kind. Therefore this work is limited to normal volunteers and selected groups of disease namely cardiac valvular lesions, hypertension, jaundice and thyrotoxicosis. The studies have conducted in the direction of standardizing vatika, paittika and kaphaja pulses qualitatively and quantitatively in 40 normal volunteers as well as in 120 cases of selected diseases. In 40 normal cases, 9 were of vatic type pulse while 20 and 11 cases were having paittika and kaphaja types of pulses respectively. In 50 cases of valvular lesion, maximum number of patients was having paittika type of pulse. Out of 30 cases of hypertension, maximum cases were of paittika type of pulse and kaphaja type while in 20 cases of jaundice, maximum were of paittika type of pulse. In 20 cases of Thyrotoxicosis, maximum patients were of paittika type.

Present scientific study was done by sphygmographic tracings. It gave a new practical form of standard vatika, pattika and kaphaja pulse, making pulse examination more easy and practical for an accurate diagnosis and treatment of diseases.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1342
4	[ArtTitle]	***CLINICAL AND EPIDEMIOLOGICAL STUDIES ON DEHAPRAKRITI (PSYCHOSOMATIC AND CONSTITUTIONAL)***
5	[ArtEqEng]	
6	[NmeScholar]	M.B.Singh
7	[NmeGuide]	R.H.Singh
8	[NmeCoGuide]	S. Nath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1977
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The object of the present thesis was to study the nature of deha prakriti as conceived in Indian system of medicine and to define its physical, physiological, pathological and epidemiological characteristics. The study on dehaprakriti conducted on 4495 individuals from a total of 1127 families in the survey fields and 495 hospital patients and volunteers. Physical studies showed that vatika individual having lowest body wt. and maximum standing height, while pittaja having medium and kaphaja having maximum body weight and minimum standing height, biochemical studies showed vatika individuals having relative preponderance of neuro human, acetylcholine; while pittaja and kaphaja having catecholamine and histamine respectively. A series of common psychosomatic disorders were also studied on the basis of deha prakriti

showed the vatika prakriti associated more with anxiety neurosis, thyrotoxicosis and peptic ulcer, whereas paittika prakriti was found associated with hypertension, bronchial asthma and to some extent with anxiety neurosis of peptic ulcer. The kaphaja prakriti showed relatively much less incidence of these disorders. A longitudinal follow up survey was conducted to assess the recovering rates from the disease, it was seen that rates of recovery was best in paittika prakriti group and lowest in vatika prakriti group.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE DIFFERENT HETUS & VYADHIS FOUND AS PROFESSIONAL HAZARDS IN TRAFFIC POLICE.***
5	[ArtEqEng]	
6	[NmeScholar]	Patil Pragati V
7	[NmeGuide]	Vaidya Pawaskar Rasik S
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGANIDANA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2005-2006
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Socio-demographic studies, Para clinical
18	[AnyOther]	

19 [Abst]

Background & Aims :

To study the different hetus & vyadhi found as professional hazards in traffic police. Analyze and interpret these hetus and vydhis so as to be able to help formulate remedial measures.

Observations :

Retrospective study of randomly selected traffic police. A questionnaire was prepared to interview the volunteers.

Conclusion :

No. of hetus described by charaka under three headings asatmendriyartha sanyog, pradnyaparadha and parinama are observed in traffic police personnel. Vishamanashana especially irregular food habits is a major hetu seen in 81.37% of volunteers. Among the vihar hetu vegavarodha, standing nature of duty, vysana and lack of use of preventive measures are the major hetus seen. Vyadhis of Pranavaha, Raktavaha and Manovaha srotasas are seen in large number of the volunteers.

Interpretation:

This study demonstrates how Ayurveda can be useful to interprete professional hazards in a modern profession like traffic police. It provides framework for advise to the traffic police personnel so that their personal Arogya is maintained and their efficiency increased.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO STUDY THE RELATIONSHIP BETWEEN HETU AND SANTARPANOTHA MADHUMEHA AS WELL AS HETU AND APTARPANOTHA MADHUMEHA.***
5	[ArtEqEng]	
6	[NmeScholar]	Chiplunkar K.V
7	[NmeGuide]	Vd. V.A.Joshi
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGANIDANA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2005- 2006
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Pharmacology, Para clinical
18	[AnyOther]	
19	[Abst]	***Background and Aim:*** To study the relationship between santarpanotha madhumeha hetu and aptarpanotha madhumeha hetu. ***Methodology:*** It was a retrospective survey type of observational study. For this study a special type of questionnaire and case sheet was prepared. Total 80 known cases of Madhumeh patients irrespective of age & sex were selected from BV Ayurved hospital. Data were collected, analyzed & differentiated as Santarpanotha & Aptarpanotha madhumeha.

Results:

In the present study total no of Santarpanotha madhumeha patients were 66 i.e. 82.50% while Aptarpanotha madhumeha were 14 i.e.17.50%in number.

As Ahar hetu excess madhur rasa sevan & katu rasa sevan was dominant hetu in Santarpanotha madhumeha, and Aptarpanotha madhumeha respectively.

As Vihar hetu sedentary life style was imp seen in 71.42% of Satarpanotha madhumeha patients, While exertion as a hetu seen in 71.42% patient of Aptarpanotha madhumeha.

Manas hetu- Frequency of stress in upper class was less but intensity may very from moderate to severe, While in lower class patients the degree of stress was due to socioeconomics condition which was continuous.

Interpretation:

Study of hetu in Satarpanotha madhumeha & Aptarpanotha madhumeha was helpful in treatment.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	91B
4	[ArtTitle]	*SPARSHANA PAREEKSHA*
5	[ArtEqEng]	
6	[NmeScholar]	Dr. K.S. Ramarkishna Sharma
7	[NmeGuide]	Dr. R.P. Hosamath
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Sparshana pareeksha is a investigates the use of sparsha (sensation) in physical examination as set forth in ancient Indian Medical treatises and determines the value of sparsha in diagnosis. The dissertation is divided into 3 parts, I st part dealing with the procedural aspects of the third with the actual case study incorporating different aspects of examination. 50 patients belonging to 10 disorder, Pandu, Kamala, Tamaka Swasa, Jalodara, Arshas, Shotha, Jwara, Kitiba, Kusta Shoola, Pakshaghata were selected and examined by adopting shadvidha pareeksha karma. Sparshana jneya bhavas were collected from various texts and arranged in a convenient manner to conduct rogi pareeksha in various sroto disorders. Among the cases studied sparshana Pareeeksha was found to be of vital importance in diagnosis.

4.1. FUNDAMENTAL AND LITERARY RESEARCH

After scanning all available literature a systemic methodology was evolved for sparshana Jneya Bhavas and concluded as it is helpful in the diagnosis of diseases and is accepted for a few diseases only. Hence scope is very limited.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	*TO STUDY THE TWO WHEELERS DRIVING AS A HETU*
5	[ArtEqEng]	
6	[NmeScholar]	Mhalank A
7	[NmeGuide]	Vaidya Pawaskar Rasik S
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF ROGANIDANA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2004-2005
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Socio-demographic studies, Para clinical
18	[AnyOther]	
19	[Abst]	

Background & Aims :

To study the two wheelers driving as a hetu.

Observations :

Based on the references from Ayurvedic classics related to yanaseven and practical observations and experience, a case paper was prepared and used to examine volunteers who are regular two-wheeler drivers.

Conclusion :

It was found that two wheeler driving is one of the major hetus in srotasas like pranavaha, Rasavaha, Asthivaha and

Majjavaha. It leads to vyadhis like shwasa, kasa, pratishaya, klam, anga gaurav ,angamarda, shirorog keshapatan, netravyadhi etc. The effects differ in various types of two-wheelers used and are directly proportional to the duration and intensity of use.

Interpretation:

This study provides framework for chikitsa through analysis of effects of two-wheeler driving on various parts of body like Dosha, Dhatu, Mala, ndriya etc.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	296
4	[ArtTitle]	***A CORRELATION STUDY OF SARAPURUSA & DEHA PRAKRITI WITH REFERENCE TO NORMAL SUBJECTS.***
5	[ArtEqEng]	
6	[NmeScholar]	Tiwari, Govind Prasad
7	[NmeGuide]	D.G. Thatte
8	[NmeCoGuide]	J.S. Parashari
9	[Dept]	
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The research work on correlation between Deha Prakriti & Sara on order to make prognosis of the disease was not done in the field of Ayurveda. So the present study was selected. A random sample of 60 male cases between to age group of 25 to 45 years was taken. Every case was subjected for the assessment of Dehic Prakriti by standard proforma of the Deptt. For every Sara Purusha certain objective criteria were taken. The study revealed that Kaphaja Prakriti Purush, Pittaja Prakriti Purush, Vataj Prakriti Purush were Satwa Sara, Rakta Sara and Asthi Sara Purusa respectively. In case of Rakta

Sara Purusha the Hb% & total RBC count can be taken as objective criteria. Similarly A.G ratio blood cholesterol, Serum Calcium & Serum phosphate, the quantity of serum & total sperm count can be taken as objective criteria in was Sara, Meda Sara, Asthi Sara, & Shukra Sara Purusas.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	80
4	[ArtTitle]	**A PHYSIOLOCIAL STUDY ON CERTAIN CARDIAC EVENTS AND IT'S ALTERATIONS AFTER HERBAL MEDICATION WITH SPECIAL REFERENCE TO VATIC PRAKRITI**
5	[ArtEqEng]	
6	[NmeScholar]	Sanjeev Kumar Ojha
7	[NmeGuide]	Dr. G.P. Tiwari
8	[NmeCoGuide]	Dr. P. Puspangadan, Dr. J.N. Misra
9	[Dept]	Department of Kriya Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	
13	[EnNo]	L-AY/101/99
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kriya Sharir
17	[AnyOther]	
18	[Abst]	Cardiovascular diseases are number one Killer in the many parts of the world. Ayurvedic text state that common cause of heart problems are due to over eating of food rich in Ushna, Guru, Vidahi Guna, or trauma due to physical & mental strain. The root of wildly grown creeper A. speciosa with high medicinal value as 'Vrishya' is used in Ayurveda the flower of the plant is used traditionally for control of palpitation by folk. The palpitation which is not pathogenomic in particular group of disorders, indeed signifies not as primary disorders but rather then a Psychological disturbance. Certain ethnobotanical claims are also there as antidote,

antifungal and antidiabetic. Leaf is also useful in various activity of wound healing and antidiarrhoeal property, but the floral part has not studies has not been carried out by any one.

In general it is supposed that the Virshya drug has capacity to reduce Vata disturbances with the increase in Kapha. Our study in concern with one such type of Vataj Vikar, which occurs due to Rasa Kshaya and manifest in the form of Rasaj Vikar.

In modern terms the Rasa Kshaya is type of nutritional deficit which ultimately leads to various deficiency disorders, among this anaemia is the important manifestation and causes palpitation.

The stress also induces palpitation. Excess of tea, tobacco and smoking leads to increased CNS activity which causes palpitation. Palpitation may be episodic or regular. The episodic type is mainly stress induced or due to intoxication or emotional disturbances.

Where as regular type of palpitation has some kind of disease underline viz. Anaemia, Thyrotoxicosis or Conduction defect.

The flower of Argyreia speciosa is used by various villagers and persons in near by local area (approx 30 Km) of Lucknow for palpitation. They called it as "Dhadakchandani" which not only cures their Dhadkan (palpitation) but provides satisfaction also. This activity has been well recognized by vaidhya Srinarayan Shastri a renowned Ayurveda and Sanskrit Scholar.

The pharmacognostic and Pharmacological evaluation of the drug was done in NBRI Lucknow where as the clinical studies of Vata predominant prakriti was done state Ayurvedic College and Hospital, Lucknow.

Further the Vata vitiated due to nutritional deficiency (Rasa Kshaya) and Emotional disturbances (Chal Manas).

The effect of flower on palpitation needs scientific study for the ethnobotanical claim. For this purpose the research has been proposed with following methodology. The study has been carried out in following three parts:

1. Pharmacognostic evaluation.
2. Pharmacological and Toxicological evaluation.
3. Clinical studies.

The pharmacognosy of the floral part has been carried out in NBRI on following parameters:

1. Botanical Microscopic and Microscopic.
2. Phytochemical-Ash values, sugar, starch and tannin estimation.
3. HPTLC-Finger print for further reference.

The pharmacological and toxicological evaluation has been carried out in NBRI After toxicological studies following test were performed.

1. Carrageenin and histamine induced paw edema for anti-inflammatory effect.
2. Antidiarrhoeal effect by castor oil induced diarrhea.
3. Antinociceptive activity by acetic acid induced writing and tail flick and clip method.
4. Antipyretic activity by lipopolysaccharide induced fever.

Further the clinical studies were performed at State Ayurvedic college and Hospital, Lucknow. In this study following parameters were opted:

1. Selection of patient: Vatik prakriti with palpitation was chosen.
2. To find out cause of palpitation a proforma based upon the symptoms of Rasa Kshaya and Vatik Prakriti has been carried out.
3. The effect of before and after administration of drug has been evaluated on clinical symptomatology.

1. The pharmacognostical studies regarding identification with macro and microscopic features are as follows:

FLOWER

Flowers are large Redish purple in color, silky pubescent in subcapitate cymes; peduncles 7.5 – 15 cm. long, white-tomentose; bracts large, ovate lanceolate with a long acumen, thin, veined, pubsescent outside, glabrous inside, deciduous, the outer sometimes 5 cm. long; pedicels very short, often almost 0, white tomentose. Calyx white- tomentose outside; sepals nearly 1.7 cm. long, oblong-elliptic, obtuse. Corolla 5-6.3 cm. long tubularinfundibuliform, the bands silky pubescent outside; tube somewhat inflated, white pubescent outside, rose purple and glabrous inside. Ovary glabrous. Fruit 2 cm. diam., globose, apiculate.

Further sections of the floral studies are attached in the chapter 1, along with phytochemistry (Ash values, sugar, starch and tannin) has been given HPTLC finger printing has been carried out on CAMAG SOFTWARE with following solvent system.

2. The pharmacological and toxicological study reveals the following results.

   For general gross behaviour and acute toxicity, it has been found that different doses of Argyreia speciosa was administered (ranges between 100-2000 mg/kg P.O). The animals were observed as routine toxicological studies. It was found that the Argyreia speciosa is well tolerated in mice and did not cause death or any toxic symptoms. The pharmacological study further confirmed the ethnobotanical claim of plant regarding antinociceptive, anti-inflammatory, antipyretic and antidiarrhoeal activity.

3. The clinical study reveals that Vatik Prakriti having symptoms of Rasa kshaya especially females are more prone for palpitation. Further the palpitation is not directly related with tachycardia. The palpitation is not traceable with ECG so it is not confirmatory. More or less nutritional deficiency (Anaemia), stress and intoxication are involved as causative factors.

   Which were relieved by administration of drug in the dose of 2-3 gm/P.O.B.D for at least for one month.

   With the above encouraging result, it seems that this plant is having great potential, so further studies are required for the benefit of mankind.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	42
4	[ArtTitle]	***A STUDY OF DEHIK PRAKRITI WITH SPECIAL REFERENCE TO TENDENCY OF PRADAR ROGA IN FEMALE***
5	[ArtEqEng]	
6	[NmeScholar]	(Smt) Manju Singh
7	[NmeGuide]	Dr. Y.D. Shukla
8	[NmeCoGuide]	Dr. J.R. Yadav, Dr. V.N. Verma, Dr. (Smt.) C.P. Shukla
9	[Dept]	Department of Sharira
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1989
13	[EnNo]	L-86/MY-3
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharira
17	[AnyOther]	

18 [Abst]

Following are the results of the present study out of 60 cases the probabilities regarding the rate of occurrences of Vataj, Pittaj and Kaphaj Pradar was also calculated statistical value A2/A1. These probabilities for Vataj Pradar in Vataj Prakriti cases were 0.50, Pittaj Pradar in Pittaj Prakriti was 0.53 and kaphaj pradar in kaphaj Prakriti was 0.69.

This indicates that chances of Vataj Pradar in Vataja Prakriti femal, Pittaja Pradar in Pittaja Prakriti and KIaphaja Pradar in Kaphaj Prakriti.

Out of 60 cases the 18 cases were of Vataja Prakriti, out of these 16 cases were suffering from Vataja pradar. Among them symptoms of 2 cases aggravated in GRISHMA ritu. The SANCHAYA period of VATA DOSHA and 3 cases were aggravated in VARSHA RITU. The PRAKOPA period of VATA DOSHA 1 case subsided in SHARAD Ritu. The PRASHAM KALA of Vata Dosha.

19 cases of Pittaja Prakriti out of these 16 cases were suffering from PITTAJA PRADAR, among them symptoms of 3 cases aggravated in VARSHA RITU. The SANCHAYA KALA of Pitt Dosha and 4 cases in SHARAD RITU. The PRAKOPA KALA of pitt Dosha and 1 case subsided in HEMANT RITU, the PRASHAM KALA of pitta dosha.

In 23 cases of Kaphaja Prakriti out of these 28 cases suffering from kaphaj pradar, among them symptoms of 3 cases aggravated in HEMANT RITU. The SANCHAYA period of Kapha Dosha, 8 cases were aggravated in VASANTA RITU, the prokopa period of kapha dosha and 1 case subsided in GRISHMA RITU, the PRASHAM period of Kapha Dosha.

CONCLUSION: Though the number of cases selected for the present study was not sufficient to draw any specific condition, but it has certainly paved a path for further probe in this research work. It can be safely said that this work is a pilot work for the complete project which reveals that the Hypothesis of Ayurvedists lay about 3000 yrs back is still important from diagnosis prognosis of the patient.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	66
4	[ArtTitle]	***A STUDY OF DEHIK PRAKRITIES WITH SPECIAL REFERENCE TO REPRODUCTIVE POWER IN MALE***
5	[ArtEqEng]	
6	[NmeScholar]	Ramesh Kumar Gupta
7	[NmeGuide]	Dr. J.R. Yadav
8	[NmeCoGuide]	Prof. Y.D. Shukla
9	[Dept]	Department of Sharira
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1986
13	[EnNo]	L-83-MY-3
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	

18 [Abst]

The conclusion of present study, on the basis of the above said observations and discussions have drawn as follow.

The average quantity of season in three different PRAKRITIS are as follows:

— Vataja Prakriti	— 3.32 ml
— Pittaja Prakriti	— 3.48 ml
— Kaphaja Prakriti	— 5.02 ml

Test of significance of difference between semen volume of quantity of semen in different PRAKRITIES are as follow

Vataja & Pittaja — $t = 0.69 < p$ at 0.05 for 40 dt.
In significant

Pittaja & Kaphaja — t=5.7 >p at .01 for 47 dt. Highly significant

Kaphaja & Vataja — t=7.35 >p at .01 for 33 dt. Highly significant

It indicates that average quantity of semen of the individuals of Vata Prakriti and pittaja prakriti are low and moderate (or medium) respectively, but, it is significant because t value = 0.69 <p at 0.05 level of significant for 40 dt. Means there is variation in the quantity of the individuals of Vata and Pitta prakriti are observed. In spite of this, average quantity of semen of the individuals of Kaphaja prakriti is highest than Vata and Pitta prakriti. Along with this t value of pitta and kapha and kapha and vata are more than p value at .01 level of highly significance means highly significant which indicates the specific correlation between quantity of semen and prakriti.

The average of motility of sperm in different three prakrities are as following:-

— Vataja Prakriti —60 %

— Pittaja Prakriti —69.68 %

— Kaphaja Prakriti —81.66 %

Of motility of sperm in different prakrities are as follows:-

Vataja and Pittaja t= >7.38 >p at 0.01 for 40 dt highly significant.

Pittaja and Kaphaja t= 10.04>p at 0.01 for 41 dt highly significant.

Kaphaja and Vataja t= 12.02>p at 0.01 for 33 dt highly significant.

It indicates that in comparison to all three prakrities individuals of vata prakriti has lowest percentage of motility of sperm, individuals of kaphaja prakriti has highest % of motility of sperm while individuals of pittaja prakriti has medium % of motility of sperm, means prakriti of the individuals is directly related with the % of motility of sperm in the semen of the individuals.

The average of total count of sperm in different three prakrities is given below.

Vataja Prakriti —99.82

Pittaja Prakriti —126.36

Kaphaja Prakriti –167.94

Test of significance of difference between mean value of total count of sperm in different prakrities are as follows:-

Vataja and Pittaja t = 6.08 >p at 0.01 for 40 dt Highly significant

Pittaja and Kaphaja t = 8.70 >p at 0.01 for 41 dt highly significant

Kaphaja and Vataja t = 12.40 >p at 0.01 for 33 dt highly significant

It shows that in comparison to all three prakrities, individuals of vataja prakriti contain lowest total count of sperm and individuals of kaphaja prakriti contain highest total count of sperm, while individuals of pittaja prakriti contain medium total count of sperm, means prakriti of the individuals is directly related to the total count of sperm of the semen examined individuals.

On the basis of above obtained results, were reach to the conclusion that individuals of Kaphaja prakriti have more reproductive power because their quantity of semen, motility of sperm and total count of sperm are highest in value and highly significant in comparison to individuals of other prakrities. Similarly, persons of pittaja prakriti have moderate or medium reproductive power because their quantity of semen, motility of sperm and total count of sperm are medium in value and motility of sperm and total count are statistically, highly significant to other prakrities in respect of medium values of the semen. Individuals of vataja prakriti have loss reproductive power because their quantity of semen, motility of sperm and total count of sperm are lowest in value than individuals of other prakrities and also highly significant in respect of lowest motility of sperm and total count of sperm to other prakrities. Means, there is definite positive relation ship between the individuals of different three prakrities and reproductive power.

This study verifies the declaration of Ayurvedists in symptoms of various prakrities about the definite correlation ship between prakrities and reproductive power.

This primitive study paves a path of further more scientific probe in this field of research. Such worked is required to be conducted in female also fro reaching to definite conclusion in this field.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	62
4	[ArtTitle]	***A STUDY OF SERUM CHOLESTEROL IN KAPHAJA PRAKRITI WITH SPECIAL REFERENCE TO MEDO ROGA (OBESITY)***
5	[ArtEqEng]	
6	[NmeScholar]	Gargi Prasad Shukla
7	[NmeGuide]	Dr. J.R. Yadava
8	[NmeCoGuide]	Dr. R.K. Mishra
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1990-91
13	[EnNo]	L-82/AY-11
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	In ancient India Ayurvedic scholars were pioneer to innovate PRAKRITI and VIKRITI (state of health and disease). The instructions have been issued to study the PRAKRITI earlier and VIKRITI latter on. The knowledge of PRAKRITI is widely applied to assess the span of life. Severity and prognosis of disease. The PRAKRITI and SARA are the integral part of DASHA VIDHA PARIKSHA (ten fold examination), a systematic methodological approach of Ayurveda for the examination of the patients. PRAKRITI is of the paramount importance which stands in the top priority and SARA (an absolute form of DHATUS – CHAKRAPANI) is thoroughly analyzed in the routine examination.

In context of EK DOSHAJA PRAKRITI CHARAK has stated that nobody accomplishes the VATIK, PAITTIK and KAPHAJA PRAKRITI but on the basis of predominance of particular DOSHAS EK DOSHAJA PRAKRITI is determined. Actually these PRAKRITIS are incriminate as APRAKRITISTHA (abnormal).

Further – more CHARAK has categorically stated that the administration of KAPHA provoking factors in KAPHAJA PRAKRITI persons aggravate the KAPHA DOSHA instantaneously, without considerable participation of remaining two DOSHAS VATA and PITTA.

CHARAK has stated certain manifestations especially for the clinical examination of the patients. The persons of VATIK PAITTIK and KAPHAJA PRAKRITI are more vulnerable to their respective ailments which are often of grave outcome. CHARAK has clearly delineated that ATISTHAULYA is an ailment of KAPHAJA NANATMAJA VIKARA (disease of KAPHA DOSHA alone), out of twenty types.

MEDO ROGA is caused by an excessive accumulation of MEDO DHATU owing to derangement of KAPHA DOSHA which obstructs the MEDO VAHA SHROTAS, consequently normal functioning of the DHATVAGNI is diminished and progressive conversion of the POORVA DHATU into UTTAR DHATU is decreased.

It is well established that both KAPHA and MEDA consist of JALA and PRITHVI MAHABHOOTAS which might be implicated as DOSHA and DOOSHYA to produce morbidity owing to its homologous constitution. A salient feature of the obesity is the unprecedented resemblance of the pathogenesis. MEDO ROGA (obesity) is implicated as one of the disorder of MEDA DHATU in Ayurveda and lipid metabolism in modern medicine.

The cases of the MEDO ROGA have been selected on the basis of height weight chart, body Mass index, clinical findings incorporated with the determination of PRAKRITI. Fasting levels of glucose, cholesterol and triglyceride have been estimated.

The selected cases have been divided into two groups comprising 20 cases each of the VASHPA SVEDANA therapy without (Group – A) and with (Group-B) dietary restriction. Restricted diets containing 1500 K cal per day have been instituted. The efficacy of the trial has been evaluated before trial. 21 and 63 days after the trial.

Present study affirms the influence of age, sex, occupation, economic status, hereditary factor and blood pressure but affinity with religion and educational status are equivocal. The study upholds the category of NANATMAJA VYADHIS of the ATISTHAULYA.

The estimation of cholesterol, triacylglycerol and blood sugar fasting in various groups endorse inter relationship with MEDO ROGA and KAPHAJA PRAKRITI. Statically significant values of correlation coefficient have been corroborated.

Evaluation of the efficacy in the group A and B produce convincing and conclusive evidences of significant improvement of Body Mass Index, clinical findings, cholesterol, Triacylglycerol and blood sugar fasting of both the groups. Overall therapeutic efficacy of the group B has been corroborated.

A comparative efficacy of the individual symptom in group A and B have not been evaluated so much pronounced although relative percentage cure of B group is higher but CHI square (X2) test display conclusive evidences of real difference only for two symptoms viz. KSHUDRASWAS and ATINIDRATA whereas no improvement in signs have been noticed.

The present research work requires an extensive and advance study for the support and sanction.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	250
4	[ArtTitle]	***BIOCHEMICAL BASIS OF PSYCHOSOMATIC CONSTITUTION***
5	[ArtEqEng]	
6	[NmeScholar]	Srivastava, Varun Kumar
7	[NmeGuide]	G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	The present thesis has been designed to investigate 'Biochemical basis of psychosomatic constitution'. 150 apparently normal adults and 123 cases of various psychosomatic disorders like early thyrotoxicosis, hypertension and bronchial asthma were included in order to study the prevalence of above disorders in relation to constitution. On the basis of anthropometric measurements three morphological types viz. ectomorph, mesomorph and endomorph were designated. Various physical, physiological, psychological and biochemical parameters were measured in all the cases. Neurohumors and their metabolizing enzymes may form a significant basis for the study of psychosomatic constitution. In stress disorders, there is a marked elevation of various neurohumors and their metabolizing enzymes may provide useful basis for the prediction of disease susceptibility in relation to different psychosomatic constitution.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	250
4	[ArtTitle]	***BIOCHEMICAL BASIS OF PSYCHOSOMATIC CONSTITUTION***
5	[ArtEqEng]	
6	[NmeScholar]	Srivastava, Varun Kumar
7	[NmeGuide]	G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	The present thesis has been designed to investigate 'Biochemical basis of psychosomatic constitution'. 150 apparently normal adults and 123 cases of various psychosomatic disorders like early thyrotoxicosis, hypertension and bronchial asthma were included in order to study the prevalence of above disorders in relation to constitution. On the basis of anthropometric measurements three morphological types viz. ectomorph, mesomorph and endomorph were designated. Various physical, physiological, psychological and biochemical parameters were measured in all the cases. Neurohumors and their metabolizing enzymes may form a significant basis for the study of psychosomatic constitution. In stress disorders, there is a marked elevation of various neurohumors and their metabolizing enzymes may provide useful basis for the prediction of disease susceptibility in relation to different psychosomatic constitution.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	220
4	[ArtTitle]	***BIOCHEMICAL BODY COMPOSTION IN DIFFERENT HUMAN GROUPS AS DESCRIBED IN AYURVEDA***
5	[ArtEqEng]	
6	[NmeScholar]	Dubey, G.P.
7	[NmeGuide]	K.N Upuda
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	This thesis is concerned with a comprehensive biochemical study on body composition in relation to different types of human constitutions. From these studies it is concluded that three distinct constitutional types exists in human population. These three types have considerable distinct biochemical characters as regards the body composition. And so biochemical body composition may act as important criterion for somatotyping i.e. determination of Deha Prakriti (physical constitution). These observations prove the validity of Ayurvedic concept of Deha Prakriti to a considerable extent. The important features in biochemical body composition which may be considered to significance in framing a biochemical parameter for determination of Prakriti as constitution are highest body fluid (per unity body wt.) highest

electrolyte contents (per kg body wt.), highest percentage fat free solid in Vatic constitution medium body fluids, medium electrolytes and medium solid contents in Paittic Prakriti and minimum body fluids, minimum electrolytes, minimum solid mass and bone mass in Kaphaj consitution. This is contradictory to the Ayurvedic description of Prakriti. But when these components are computed in absolute terms they show a reversed order which goes in conformity with the Ayurvedic concepts about the physical features of different Prakritis. This indicates towards another major fact that Ayurveda has described the constitutional features in absolute terms and not in units relative to body weight etc. as is usually done in recent years.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	244
4	[ArtTitle]	*BIOLOGY OF HUMAN VARIATION*
5	[ArtEqEng]	
6	[NmeScholar]	Agrawal, Sharmila
7	[NmeGuide]	G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	The present study is based on the investigation of 238 apparently normal individuals of both the sexes. Besides the normal series 182 cases of various stress disorders like anxiety neurosis, thyrotoxicosis and essential hypertension were studied. All these cases were grouped on the basis of morphologic, psychologic, physiologic and biochemical variations. Body composition analysis was performed in relation to age, sex and personality types, with the view to analyze precise variations in the morphologic, physiologic and biochemical factors. The isotopic dilatation technique was used to measure the intracellular and extracellular body composition. Ageing showed gross biochemical and compositional changes. Body fat showed positive correlation with ageing process while exchangeable potassium, intracellular-extracellular potassium fat free solid, plasma volume, red cell volume, total body fluid has shown an inverse

relationship with ageing. The present study is significant from the view point that relative predominance of different neurohumors and physiological variations helps in the classification of human beings into distinct categories. At the same time, these neurohumors and physiological manifestations predispose and prepare the individuals against a particular disease.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	51
4	[ArtTitle]	***COLORIMETRIC - STUDY IN DIFFERENT DEHIK - PRAKRITIS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. U.C. Sharma
7	[NmeGuide]	Dr. Y.D. Shukla
8	[NmeCoGuide]	Dr. Smt. Shobha Mobar, Dr. Ashwini Kumar, Dr. J.R. Yadav
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1989
13	[EnNo]	L86/MY-155
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	

18 [Abst]

On the basis of the present study the following conclusions can be drawn: -

1. The average blood glucose level in VATAJ, PITTAJ and KAPHAJ PRAKRITI individuals are as follows –
    - (a) VATAJ PRAKRITI 86.19 MG %
    - (b) PITTAJ PRAKRITI 88.39 MG %
    - (c) KAPHAJ PRAKRITI 92.37 MG %
2. The average serum cholesterol level in VATAJ, PITTAJ and KAPHAJA PRAKRITI individuals are as follows.
    - (a) VATAJ PRAKRITI 170.19 MG %
    - (b) PITTAJ PRAKRITI 161.97 MG %
    - (c) KAPHAJA PRAKRITI 174.15 MG %

3. The average S.G.O.T. level in VATAJA, PITTAJA and KAPHAJA PRAKRITI individuals are :-
   (a) VATAJA PRAKRITI 23.68 UNITS
   (b) PITTAJA PRAKRITI 20.62 UNITS
   (c) KAPHAJ PRAKRITI 23.91 UNITS
4. The average S.G.P.T. levels in VATAJA, PITTAJA and KAPHAJA PRAKRITI individuals are –
   (a) VATAJA PRAKRITI 13.62 UNITS
   (b) PITTAJA PRAKRITI 15.00 UNITS
   (c) KAPHAJA PRAKRITI 10.90 UNITS
5. Due to more activity of VATAJA PRAKRITI individuals, the blood glucose and serum cholesterol levels are found to be in the lower side of normal range.
6. Due to less activity of KAPHAJA PRAKRITI individuals, the blood glucose and serum cholesterol levels are to be found in higher side of normal range.
7. As, an enzyme is an agent responsible for bioconversion so according to Ayurvedic concept it is a AGNEYA substance. This is approved in the present study because S.G.P.T. is on higher side in PITTAJA PRAKRITI individuals as S.G.P.T. (serum glutamic pyruvic transaminase) is an enzyme.
8. For S.G.O.T. levels in different PRAKRITI individuals no specific explanation can be presented at this stage.

In the light of above mentioned results, it can be mentioned that the effect of more or less activity of human body in accordance to their PRAKRITI as evident from these biochemical investigations also.

At this stage no definite conclusion can be drawn regarding the average levels of blood glucose, serum cholesterol, S.G.O.T. and S.G.P.T. due to insufficient number of cases selected for the present study as it was time bound study on limited number of cases.

In spite of this, it can safely be mentioned that this study has certainly paved a path for further probe in this field.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	306
4	[ArtTitle]	CONCEPT OF PAIN IN RELATION TO DIFFERENT CONSTITUTIONS (DEHA PRAKRITI)
5	[ArtEqEng]	
6	[NmeScholar]	Malaviya, Pramod
7	[NmeGuide]	G.P. Dubey
8	[NmeCoGuide]	V. Rastogi, K.N. Udupa
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Present thesis aims to highlight the pain tolerance in three distinct prakriti groups. 79 apparently normal belonging to both sexes and 92 cases suffering from backache, migraine and carcinoma of various organs were selected. The constitution was assessed on the basis of the predominance of group characteristics for deha and manas prakriti described in Ayurvedic classics. Pain threshold was measured in all the cases with the specially designed instruments. Various physical, physiological, biochemical and psychological parameters were measured and correlated with pain threshold in relation to deha-prakriti. The results obtained shows that pain is more pronounced in Vatic group of cases. Anxiety, acetylcholine, fluctuation of attention showed significant association with pain threshold. Kaphaj cases have maximum

pain tolerance in comparison to vatic and paittic. Thus, this study is much significant from the view point that pain threshold may serve as one of the important objective parameter for the determination of deha-manasprakriti.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	76
4	[ArtTitle]	***CORRELATIVE STUDY OF DEHIK PRAKRITI WITH SPECIAL REFERENCE TO AMLAPITTA (HYPERACIDITY)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Prakash Raj Singh
7	[NmeGuide]	Dr. (Smt.) Shobha Mobar
8	[NmeCoGuide]	Dr. P.S. Srivastav, Dr. Mukut Behari
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	2001
13	[EnNo]	L-AY-106/98
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	From the present study and its observations, a close association between doshaj Prakriti and incidence of amlapitta was observed. It was observed in the present study the pittaj Prakriti (68%) is more susceptible to Amlapitta Vyaddhi (Hyperacidity) in comparison to kaphaj Prakriti (22%) and vataj Prakriti (05%). The correlation between vataj & Kaphaj is maximum (0.734) then the correlation between Vataj & Pittaj (0.419) and Pittaj &Kaphaj (0.3467). Hence we conclude that the correlation between Vataj & Kaphaj is effective in Amlapitta patients. Significance of pitta is 16.36 in comparison to Vata (9.96) &Kapha (9.61). Hence we conclude that pitta is highly significant in Amlapitta patients.

Significance of vata, pitta (8.00), pitta, kapha (7.69) and vata, kapha (2.00). Hence we also conclude that vata, pitta and pitta, kapha are significant and vata, kapha is non significant in amla pitta patients.

The work contributes to the physicians for better diagnosis and developed the better prognostic parameters with better management of the amlapitta patients with the knowledge of human Prakriti, it advances the knowledge of practice in Ayurveda.

Thus, kriya sharir aspect contributes to the field of kaya Chikitsa or vice versa.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	304
4	[ArtTitle]	***COURSE, COMPLICATIONS AND PROGNOSIS OF CERTAIN CARDIO-VASCULAR DISORDERS IN DIFFERENT BODY TYPES (DEHA-PRAKRITI)***
5	[ArtEqEng]	
6	[NmeScholar]	Dixit, R.K.
7	[NmeGuide]	G.P. Dubey
8	[NmeCoGuide]	S.K. Vaish
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Cardiovascular disorder has shown distinct pattern of prevalence in relation to deha–prakriti. In the present study diagnosed cases of acute and chronic Cardiovascular disorders were selected. Cases suffering from acute myocardial infarction and admitted in ICU were selected. The body type was determined on the basis of certain measurable parameters as described in classical texts of Ayurveda. It was observed that vatic cases generally developed Cardiac arrhythmia and supra-ventricular tachycardia following acute left ventricular failure and heart block. The course and complications also significantly varied in relation to personality types. Vatic cases that developed acute left ventricular failure or ventricular arrhythmia generally die while the prognosis among Shleshmic cases is comparatively favorable in the same clinical condition. The ultimate prognosis of vatic cases showed unfavorable prognosis than the Paittic and Shleshmic.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	120
4	[ArtTitle]	***DURATION OF ACTION TO MUSCLE RELAXANT IN RELATION TO PRAKRITI (DABA)***
5	[ArtEqEng]	
6	[NmeScholar]	C.B. Verma
7	[NmeGuide]	S.B. Pande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	In this clinical study the patients were divided into three groups, according to Deha (Doshaj) Prakriti and were subjected to general anaesthesia with oxygen, nitrous oxide a non depolarizing muscle relaxant (Gallamine triethiodide). The duration of action of the muscle relaxant was assessed in relation to Doshaj prakriti. The duration of action was measured from continues recording of the twitch tension of thumb muscle on direct stimulation of median nerve in the fore arm by a Wellcome Peripheral Nerve Stimulator. It was concluded that Kaphaj individuals will require higher dose of muscle relaxant for desired duration of neuro muscular block as compared to Vatik and Paittik individuals.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	263
4	[ArtTitle]	***DYSFUNCTIONAL UTERINE BLEEDING IN RELATION TO BODY TYPES (DEHAPRAKRITI)***
5	[ArtEqEng]	
6	[NmeScholar]	Prasad, Girija
7	[NmeGuide]	P.V.Tiwari , G.P.Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[Any another]	
18	[Abst]	Dysfunctional uterine bleeding (DUB), one of the important gynaecological disorders, has shown significant relationship with personality types. 120 diagnosed cases of DUB were selected to evaluate the incidence of DUB in relation to Deha Prakriti. Various physical, physiological and neurohumors were measured. DUB was found more common in Neurogenic Vatic females. Such females showed hyper reactive personality. Plasma Cortisol, Epinephrine and Norepinephrine showed elevated level in Vatic DUB cases. Several psychological features like high anxiety level neuroticism index were more common in such cases. In brief it can be concluded that DUB involves psychosomatic complex. Hypothalamo hypophyseal adrenocortical axis plays an important role in the causation of DUB. Similarly hyper activity of thyroid function is also associated with DUB. Several physical traits like linearity and obesity also showed positive relationship.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	252
4	[ArtTitle]	*INDIVIDUAL DISORGANISATION IN RELATING TO URBANIZATION*
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Kumud
7	[NmeGuide]	G.P.Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	The present study is mainly based on the field survey of two distinct localities of Kanpur and Mirjapur. Mirjapur represent the rural area while Kanpur supposed to be urbanized area. The present thesis has been designed to investigate the influence of urbanization in the prevalence of certain psychosomatic disorders i.e. Hypertension and Ischaemic Heart Disease. In view of this, the present work has been planned to accomplish the following Objectives of the study are to find out the role of rural-urban environment in the prevalence of psychosomatic disorders and to study the psychosomatic disorders in relation to demographic variables. To locate the role of socio cultural factors in the causation of psychosomatic disorders. In brief rapid urbanization and social change have greatly influenced the structure and the function of the society. Many kinds of frustration, pressure, conflict

were associated with the urban way of living. Rapid devaluation of traditional norms and values have produced peculiar situation in the Indian society. It has been concluded that urban way of living is comparatively more stressful and increase risk factor for hypertension and ischaemic heart disease.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	261
4	[ArtTitle]	***NEURO-ENDOCRINE RESPONSE TO STRESS IN RELATION TO BODY TYPES***
5	[ArtEqEng]	
6	[NmeScholar]	Dixit, Radha Kant
7	[NmeGuide]	G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[Any another]	
18	[Abst]	The present work has been designed to investigate the neuroendocrine response to stress in relation to different body types. 180 apparently normal individuals of varying age and sex and 70 diagnosed cases of essential hypertension, thyrotoxicosis and diabetes mellitus were selected. The volunteers were subjected for detailed constitutional assessment by anthropometric, physiological, biochemical and psychological methods as per group characteristics described in classical texts of Ayurveda. And cases were grouped into Vatic, Paittic and Shleshmic groups. Neuroendocrine response was more pronounced in Vatic group. Vatic individuals of both the series showed quick reaction but took lesser time in adaptation. On contrary, Shlesmic individuals showed lesser reaction but they took more time in adaptation. This study provided more useful information in determining the course, complication and ultimate prognosis of the disease by determining the constitution of a person.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	265
4	[ArtTitle]	***NEUROPHYSIOLOGICAL ADAPTATION FOLLOWING STRESS IN RELATION TO PERSONALITY TYPES***
5	[ArtEqEng]	
6	[NmeScholar]	Gupta, S C
7	[NmeGuide]	G.P Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[Any another]	
18	[Abst]	The present work has been planned to investigate neurophysiological adaptation following stress in relation to personality types. 180 apparently normal volunteers of varying age and sex group were selected for the present study. The initial investigations like acetylcholine, epinephrine, norepinephrine and plasma cortisol were measured. Apart from this the related enzymes like monoamine oxidase and histaminase were also measured in all the cases. Various physiological parameters like pulse rate, systolic blood pressure, EEG were also recorded. Personality typology of every individual was assessed. Cold pressure test was induced in order to study the role of personality in relation to stress reaction and adaptation pattern. All the physiological

parameters were repeated and composed between before and after cold pressure test. It can be concluded that stress reaction and adaptation pattern significantly varied according to personality type. Introverts, neurotics and psychotics showed maximum reactivity after induction of identical stress (cold pressor) in comparison to extraverts, non-neurotics and non-psychotics. Similarly they took lesser time in restoring the neuroendocrine and physiological normalcy.

1	[ArtID]	
2	[FolNo]	18
3	[SlNo]	1
4	[ArtTitle]	***THE STUDY OF UTILITY OF DERMETOGRAPHICS IN PRAKRITI DETERMINATION***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Sanjay Adgaonkar
7	[NmeGuide]	Dr. (Mrs.) Sanyukta Gokhle
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Shri Ayurveda Mahavidyalaya, Nagpur
11	[Univ]	Nagpur University
12	[Year]	1996-97
13	[EnNo]	
14	[Lang]	
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The objective of present study is to find out the usefulness of dermetographics patterns on the fingers to determine the Prakriti of individual. It was also trying to find out whether the detertographic pattern can be use as a parameter for confirmation of prakriti. The rule of prakruti is trying segment to find out the disease so to enhance the knowledge of prakriti examination were be complete and this is must be objective and easy method of charaka prakriti. A researcher has observed during the course of study that dermatographics can be of great importance and it is easy to observed Prakriti. No extra efforts are required for the examination of prakriti.

Although the knowledge of samudrik shastra is very ancient as well as Ayurveda is, and palmist has co-related prakriti with the line of the fingers mainly in three forms. 1. Wholes 2. Loopes 3. Archis. Wholes type of lives denotes vataj Prakriti while loopes denoted prltaj and arches denote kaphaj prakriti.

So with the help of observation it can state that dermatographics studies one of the very easy method to determine the prakriti of an individual.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	65
4	[ArtTitle]	**STUDY OF BEHAVIOUR PATTERN IN MALES WITH SPECIAL REFERENCE TO NIGHT POLLUTION (SWAPNADOSHA)**
5	[ArtEqEng]	
6	[NmeScholar]	Gosai, V.V.
7	[NmeGuide]	M.S.Sastry
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarath Ayurveda University, Jamnagar
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The dissertation titled as 'A study of Behaviour Pattern in males with special reference to night pollution (Swapnadosha)' is classified into five sections. In the first section a general discourse on Prakriti on Ayurvedic lines as well as modern lines has been presented. The role of behaviour in life with personal and social aspect has also been discussed. Abnormality of behaviour along with the establishment of relationship between these abnormal behaviours and swapna dosha and manifestation of abnormal behaviour patterns have been discussed in second chapter. In the third chapter an attempt has been made to define swapana dosha along with its etiopathogenesis and symptomatology, side by side the effect of swapna dosha on Manas also. The behavioural

changes and criminological approach to the behavioral changes have also been discussed. In the fourth section fundamental principles of the management of swapna dosha and the psychotic and neurotic conditions arising out of swapana dosha have been described in short supplemented by some lists of drugs and dietetic instructions. A record of 75 individuals suffering from swapana dosha is mentioned in 5th section. It is concluded that various types of exiting factors like food, thought, actions, company or environment may give rise to swapana dosha. In the pathogenesis of swapanadosha vata and pitta play a prominent role. In swapana dosha various mental disturbances may be seen, out of which anxiety syndrome and inferiority complex are more important.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	68
4	[ArtTitle]	***STUDY OF KAPHA PRAKRITI WITH SPECIAL REFERENCE TO HEIGHT AND BODY WEIGHT***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Shashi Bhushan Pandey
7	[NmeGuide]	Dr. J.R. Yadav
8	[NmeCoGuide]	Dr. Y.D. Shukla
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1985
13	[EnNo]	L/A.M.D./7/83
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	On the basis of the observations and discussions in the present research work following conclusions are drawn:- (i) Average height of Vata Prakriti – 156.58 cms (ii) Average height of Pitta Prakriti — 158.72 cms (iii) Average height of Kapha Prakriti –161.22 cms. Height is significant $t = 2.52$ and $p<0.02$ along the individuals of Vata and Kapha Prakriti. It indicates that height of the individuals of Kapha Prakriti is more prominent than the height of the individuals of Vata Prakriti. Variation in the height of the individuals of Vata Vs Pitta and Pitta Vs Kapha Prakriti is observed but it is not significant because its values are $t = 1.33$, $p>0.05$ and $t = 2.51$ $p>0.05$ shows that regarding height there is not relation between the individuals of Vata Vs Pitta

Prakriti and Pitta Vs Kapha Prakriti.

(iv) Average body weight of the individuals of Vata Prakriti = 47.45 kg

(v) Average body weight of the individuals of Pitta Prakriti = 56.1 kg

(vi) Average body weight of the individuals of Kapha Prakriti = 68.74 kg.

Weight is significant among the individuals of all the three prakrities t=5.69, p<0.001, t=12.87, P<0.001, t=7.66, p<0.001, it indicates that in comparison to all three prakrities, individuals of Vata prakriti contain lowest weight, individuals of Kapha prakriti contain highest weight while individuals of pitta prakriti contain medium body weight means prakriti of the individuals is directly related to the body weight of the individuals.

Height of the individuals of different prakrities is controlled by pituitary gland. On the basis of above conclusion pituitary function may be found much more active in the individuals of Vata and Pitta prakriti. So research may be done on these tines.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	57
4	[ArtTitle]	***SURVEY OF THE MASSES DURING KRIYAKALA WITH REFERENCE TO DEHIK PRAKRITI***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. S. Mobar
7	[NmeGuide]	Dr. Y.D. Shukla
8	[NmeCoGuide]	
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1987
13	[EnNo]	SP. 1137
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	It was revealed from the review of the literature for the present study title "SURVEY OF MASSES OF KRIYAKALA WITH SPECIAL REFERENCE TO DEHA PRAKRITIES", that the doctrines of PRAKRITI AND PRAKRITIES" AND kriyakala presented by the Ayurvedic. It was observed that PRAKRITI of an individual influence the proneness of an individual towards particular group of diseases in the particular season. Ayurvedists have advocated specific regimen for different seasons for the prevention from the diseases for which an individual is highly prone. In the present study the inter relationship between PRAKRITI, KRIYAKALA and REGIMEN was to be evaluated and for

this purpose total 300 cases were selected. Inferences revealed the following conclusions.

i) The majority of the cases of VATAJ PRAKRITI were found having symptoms of VATIK PRAKOPA in PRAKOPAK KALA of VATA DOSHA.

ii) The majority of the cases of PITTAJ PRAKRITI presented the symptoms of PAITTIC PRAKOPA in PITTA PRAKOPAK KALA.

iii) The majority of the cases of KAPHAJ PRAKRITI suffered from the symptoms of SHLESHMA PRAKUPA in KAPHA PRAKOPA KALA.

iv) AHARA and VIHARA advocated for the PRAKOPAK KALA of VATA is capable of preventing VATIK disorders going to occur in VATA PRAKOPAK KALA.

v) AHARA and VIHARA specific for seasons of PITTA PRAKAOPA are capable of preventing PAITTIK disorders in PITTA PRAKRITI people, going to occur in PITTA PRAKOPAK KALA.

vi) AHARA and VIHARA specific for seasons of KAPHA PRAKOPA are capable of preventing SHLESHMIK disorders in KAPA PRAKRITI persons going to occur in KAPHA PRAKOPAK KALA.

In view of the above conclusions it can be finally stated that the knowledge of PRAKRITI, KRIYAKALA and season regimens can be successfully applied to the masses of this land for the prevention of various disease. It can be a instrument to achieve the ALMATA declaration of WHO. "Health for all by 200 A.D.

It was just a pilot study of the subject which has form a firm footing for further probe into this field. The present study also reveals that in a country like India the way of living suggested by ancient Ayurvedic scholars is important and useful for the maintenance of health for the people of the lands till today. The deviation from the adoption of this regimen may lead to a very hazardous state of life. It is suggestive at this stage that this study should be carried out in all the regions of this country. It has been conducted in the central part of the India. The total evaluation of such studies will certainly lead to a easily approach to prevent this does occurring in light PRAKRITI of man.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	24
4	[ArtTitle]	***A BIRD'S EYE VIEW ON SHAB BHAVA SAMUDAYA WITH SPECIAL REFERENCE TO ETIOLOGY OF FETAL LOSSES***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Singh Subhash
7	[NmeGuide]	Dr. Mishra J.N.
8	[NmeCoGuide]	Prof. Parashari J.S. Dr. Mishra D.N.
9	[Dept]	Department of Sharira
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University
12	[Year]	1992
13	[EnNo]	NO. AY/91/9
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The concept of AYURVEDA regarding SHADA BHAVA – SAMUDAYA as essential factors for the fertilization and its continuity as the viable fetus till its expulsion is proved by this study. Comparison between the various causes of fetal losses and other factors responsible for the union of SHUKRA SHONIT and JEEVA and its continuity with individual SHAD BHAVA is possible but difficult. All the spermatogenetic defects and the paternal chromosomal abnormalities responsible for infertility and abortion may be concluded for PITRIJ BHAVA. The factors responsible for genital anomaly and pathology and oval abnormality may be imposed for MATRIJ BHAVA. RASAJ BHAVA may be put under fetal circulatory factors responsible for fetal losses. The

immunological factors and the misfit nutritional substances can be put under SATMYAJ BHAVA. The depolarization system for altering the permeability of the cell membrane is suggested for SATMYAJ BHAVA.

ATMAJ and SATVAJ may be accounted for those unknown causes responsible for abortion.

In the last it is also suggested through this study that a separate work on threatened and therapeutic abortion with special reference to SHAD BHAVA may throw additional focus on SHAD BHAVA SAMUDAYA to analyses it with more authentic ground.

INFERENCE

According to modern concept the different embryonic organs are formed by three primitive layers which are perceived in SHAD BHAVA SAMUDAYA. In addition, to this the metaphysical life has also been covered up

The germinal layers can not be compared with the SHAD BHAVA SAMUDAYA since germinal layers are the group of cells out of which similar functional colonial cells are derived whereas SHAD BHAVA SAMUDAYA are the essential factors for fertilization and its continuation.

The confusion of similarity between germinal layer and SHAD BHAVA is developed because of emphasis given on the different elements out of individual BHAVA.

The immunologic factors responsible for infertility and abortion coincide with the SATMYAJ factor of SHAD BHAVA. The fertilizing and antifertilizin theory may be included in this BHAVA.

The maternal and paternal contribution for sex chromosome may be dealt under MATRIJ and PITRIJ BHAVA. However, PITRIJ BHAVA acts as a trigger effect for the division and development of the cells.

The proper development of the fetus and its teratogenic effects depend upon RASAJ BHAVA (Fetal circulation) and this is also responsible for physically and mentally healthy gestational product SATVA may be interpreted as factors responsible for condition of the impulses such as neurohumurs and theory of depolarization for transport of NA+ AND k+ leading to alteration in the cellular permeability.

ATMAJ BHAVA since being associated with metaphysical factors therefore, no comparison with the modern part could be possible. However, the threshold for tolerance of such, dukh, ichcha, dwesh, etc. are also genetically related. Therefore it needs separate study

The SHAD BHAVA SAMUDAYA and its individual importance may be well understood by the study of causes of fetal losses. Maternal chromosomal defect is responsible for early spontaneouos abortion (12 weeks)

The genetic defect of father (PITRIJ BHAVA) is also responsible for fetal losses (defective spermatogenesis)

The factors responsible for the abortion and playing through the placental circulation should be categorized under RASAJ BHAVA

Immunological factors and certain drugs are to be included under SATMAYAJ BHAVA, which play their role in abortion.

In spite of the extensive exercise on the causes of fetal losses still there are cases where causes could not be detected, they may be suggested for SATVAJ and ATMAJ BHAVA.

The present work could not succeed to prevail upon the mission of interpretation for metaphysical factors such as SATVA and ATMA. It needs separate and extensive plan of work.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	34
4	[ArtTitle]	***A COMPARATIVE STUDY OF HUMAN EMBRYOLOGY ACCORDING TO AYURVEDIC CLASSICS***
5	[ArtEqEng]	
6	[NmeScholar]	Mrs.Bina Johari
7	[NmeGuide]	Prof. D.G. Thatte
8	[NmeCoGuide]	
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1976
13	[EnNo]	NU/G/7060
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	On the basis of the observations made by the methods, adopted in the study on the various fetal specimens, the conclusions drawn are : The observations on the embryos of first and second month were not done; as such embryos were not available. The review of modern and Ayurvedic embryological literature and its comparative study satisfies, that the use of word "Kalal" for one month embryo and the use of word "Ghan" for second month embryo are acceptable. In the "third month" of intrauterine life, fetus definitely shows five outgrowths on its body. Thus the statements in the Ayurvedic classics, that fetus attains five buds on its body is based on scientific observation.

From the fetal dissection of "fourth month" of intrauterine life, the observations prove and fully support the theory of Dauhrdavastha, because heart attains it's fully developed anatomy in this month. Naturally the pregnant woman possesses two hearts in her body i.e. one of her own self and the other of developing fetus.

The fetal dissection of the 5th month fetus shows well developed skeletal muscles. Therefore the fifth month can easily be labeled as a muscle specialization month

The comparative review of literature also supports the Ayurvedic theory of active blood formation in the 5th month of intrauterine life.

The observations of the present study reveal that the integumentary system (Kesa, Nakh and loma etc). Definitely appears in the sixth month. Thus the statement of modern and Ayurvedic classics are nearer to each other.

The inspection of the external body form and the fetal dissection of the "Seventh month" fetus show that the details of gross and fine human anatomy are easily seen. Thus the statement given in Ayurvedic classics regarding seventh month fetal development is based on facts.

The theory of shifting of "oja" from maternal side to fetal side and from fetal side to maternal side in the eighth month could not be explained by an attempt made in the present study.

The Ayurvedic theory regarding development of organs as stomach (Amasaya), intestine (Antra), caecum (Unduka), rectum (guda) and urinary bladder (mutrasaya), that these hollow tubular and sac like organs are developed by entrance of "Vayu" in the muscle tissue, appears to be rational because these organs; (1) if empty shall definitely contain air within themselves and; (2) are surrounded by muscle tissue.

The dissected lungs were full of mucus (Sleshma), therefore, they can be labeled as the site of sleshma i.e. sleshmabhuvo".

The presence of bloody froth supports the Ayurvedic theory of its development (Rakta ka phena).

The examination of "Kidney" (Vrkka) does not give any hint regarding the Ayurvedic theory of its development from blood (Rakta and fat (meda)).

The gross and histological examination of "liver "(yakrt) shows that the hepatic cells differentiate from blood cells. Thus it can be said that liver (yakrt) develops as end product of blood.

The histological studies of the different tissues of the fetus, at different stages of growth (in months) were carried out. The studies are in accordance with the description given by modern embryologists on the subjects and, therefore they have not been described in detail. In Ayurvedic classics, there is no mention of any histological studies, as the facilities for such studies were not available in those days.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	30
4	[ArtTitle]	***A COMPARATIVE STUDY OF MADHU ON THE BLOOD SUGAR OF NORMAL AND MADHUMEHI PERSONS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Raja Ram Yadav
7	[NmeGuide]	Dr J.R.Yadav
8	[NmeCoGuide]	Dr. R.N. Mishra
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1991
13	[EnNo]	L88/AY-103
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	This work was started to study the effect HONEY on the blood sugar level in comparison to GLUCOSE in both normal and diabetic persons, because in Ayurvedic texts the HONEY as been recommended for diabetic persons either as medicine or as supplementary diet. It has also been recommended for obese persons to reduce their weight. But the physician, of modern system of Medicines discarded its use in diabetics as they are of the opinion that it raises the blood sugar level. In diabetics, carbohydrate is necessary for energy requirement as it is the main source of energy in normal as well as diabetic persons. In those persons whose diet contain enough carbohydrate, protein and fat is mobilized to provide the energy which produces various complications hence a search of such a carbohydrate diet is required which does not increase

the blood sugar level in comparison to other carbohydrate stuffs i.e. polysaccharides disaccharides and monosaccharide, so the HONEY and GLUCOSE were selected for this study.

This study was self controlled, study as the same person was given GLUCOSE and HONEY alternatively after few days, GLUCOSE was given in the dose of 50 gm, where as HONEY in the dose for 80 gm, because the monosaccharides component of Honey is 63%.

Thus 80 gm of HONEY contain about 50 gm of monosaccharides. In this way monosaccharides GLUCOSE 50 gm. And honey containing 50 gms of monosacchrides was administered so that blood sugar level in both the cases should remain on the same level.

After the administration of GLUCOSE and HONEY in normal persons it was observed that the person who was given HONEY, the blood sugar level was significantly lower than that of GLUCOSE administered cases. After ° hr., 1 hr., 1 ° hrs and 2 hrs., the t value of the difference was 5.49, 3.52, 2.76 and 1.10 which is significant and highly significant. In diabetic persons also the difference in blood sugar level after HONEY and GLUCOSE administration was significant and highly significant as the t value was 2.11, 2.88, 10.80, and 14.25. Thus HONEY has been found as hypoglycaemia effect than GLUCOSE in both normal and diabetic persons.

The following may be the reasons for this effect:-

Though HONEY is madhur in RAS, but KASHAYA ras is dominant so it does not aggervates KAPH.

HONEY is Rukshna in guna at supperesses KAPHA according to modern view.

HONEY is Tridosh Shamak.

HONEY is rich in fructose.

Fructose alleviates hypoglycaemia

Fructose is more rapidly glycolized by the liver than glucose. This is due to most probably to that fact that it by passes the steps in glucose metabolism catalyzed by glucokinase and phosphofructokinase, at which point metabolic control is exerted on the rate of catabolism of GLUCOSE.

The rate of fructose absorption and the fact that after fructose enters the blood stream, it is converted largely to glycogen in the liver before conversion to blood glucose and utilization by other tissues while absorbed glucose may be utilized by all the tissues directly without preliminary conversion to glycogen.

Studies have indicated that fructose is metabolized actively by adipose tissue and that it is metabolized independently of GLUCOSE.

It has been found that fructose is metabolized to a greater extent than GLUCOSE by diabetic animal.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	14
4	[ArtTitle]	***A COMPARATIVE STUDY OF SUSHRUTA'S URAS MARMA IN RELATION TO TAMIL MARMA AND ADUNKAL THERAPY***
5	[ArtEqEng]	
6	[NmeScholar]	Km. Sarla Kanaujia
7	[NmeGuide]	Dr. J.N. Misra
8	[NmeCoGuide]	Prof. D.G. Thatte
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1986
13	[EnNo]	B.Y.28
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	The parallel marma o Apastambha in Tamil is not reported in south literature. Therefore, comparative analysis could not be possible. The involvement of the bronchis is the common event during the trauma at apasthambha vital point caused by blunt injury. The demonstrable pneumothorax is the rule. Total transection of Bronchus has not occurred; the commonest clinical manifestations are like dyspnoea, haemoptysis and severe pain in the majority death occurs before the patient received the medical aid. Since this marma has no potential marma in Tamil therefore general sarvang Andukel is indicated to bring Vayu under the control.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	61
4	[ArtTitle]	***A CONCEPT OF KAPHA DOSHA IN MODERN CONTEXT - "A CRITICAL STUDY"***
5	[ArtEqEng]	
6	[NmeScholar]	Arun Kumar Shrivastava
7	[NmeGuide]	Prof. J.R. Yadav
8	[NmeCoGuide]	Dr. J.N. Mishra
9	[Dept]	Department of Sharira
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1990-91
13	[EnNo]	L-88/AY/101
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharira
17	[AnyOther]	
18	[Abst]	A plan of research work for physical demonstration of TRIDOSHA particularly KAPAH DOSHA, appears to be most suitable when virus is included for the study, for it has least genetic material. Its nucleic acid synthesizes number of virus specific macromolecular required for the production of virus progeny. Therefore nucleic acid becomes inevitable for urgent of the study which is to be linked with the role of TRIDOSHA and KAPHA. There is no dispute after an exhaustive discussion that TRIDOSHA and KAPHA are physical matter which has their respective actions and properties. On comparison of TRIDOSHA and KAPHA with nucleic acid and oxygen, it is found that nucleic acid is responsible for life and functional activities of the cell which is no less than TRIDOSHA in this regard. Since molecular life is known to be chemistry of carbon, therefore TRIDOSHA should also be

held nothing but the chemistry of carbon. The bound protein acts as dipole and each amino acid group is capable of binding water, which should be known as effect of KAPHA DOSHA. This KAPHAJ effect of bound water absorbs excessive that liberated during metabolism by virtue of its high specific coefficient of heat preventing drastic changes as a result of hyperthermia of the cell. It is similar to sheeta guna of KAPHA and provided stability to cellular biology. The currency of energy that is adenosine triphosphate appears to be parallel to PITTA and KAPHA and VATA is oxygen which has independent existence, in the absence of which the life business is not possible. The carbon dioxide as counter part of oxygen is as APAN VAYU. There is no doubt the presence of carbon dioxide in a definite quantum is of simulating impulse to life of the cell.

Most of DNA in higher animals is seated in the nucleus like PITTA and KAPHA along with a liability of VATA in the form of oxygen. Nucleic acid consists of glycoprotein (nucleoside) combining with phosphate to be converted into nucleotide. The nucleic acid only can be disintegrated after complete hydrolysis. The phosphate radicals (nucleotides –nucleoside) is similar to the enzymes responsible for metabolism, which is known no less than the essence of enzymatic properties (PAITTIC property). It is due to phosphate radical which is usually combined with conjugated protein. This may be taken as KAPHA. Thus both are inseparable and interdependent whereas VATA as oxygen is independent and initiator of the life activity, without which nucleic acid coagulates. Therefore, the high energy bond phosphate should be labeled as essence of PITTA. This phosphate is very labile and can split instantly on demand. The importance of ahar (nutrition) has been very much emphasized in Ayurvedic classics. Modern science also harps on it since production of energy (Agni) is impossible without it. The glucose converted into pyruvic acid and amino acid and fatty acid converted into acetoacetic acid are further advanced to acetyl – co –An enzyme of chemical reaction combines with oxygen to form water, which is clearly indicative of association of last reaction with oxygen.

The five varieties of KAPHA classified in different classics show role of KAPHA in five different regions specifically to touch the physical aspect of KAPHA DOSHA which itself speak about its becoming a matter. Kledaka kapha is mucoid secretion of G.I.T which performs all the functions accounted for Kledaka Kapha. The main ingredient is mucopolysaccharides. The avalambka kapha points out towards the respiratory secretion which depends upon the body nutrition and facilitates cardio respiratory function. Pericardio respiratory fluids may also be considered, which is mainly made of mucopolysaccharides. The salivary secretion is suggestive of Boshaka Kapha which is responsible for appreciation of taste. The cerebrospinal fluid may be denoted as Tarpaka Kapha which bears all the responsibilities as per Ayurvedic classics. Synovial fluid is well known to be Shleshmaka kapha. It is highly viscous due to mucoprotein.

The representation of TRIDOSHA in the universe is by sun, moon and air. These natural things may be compared with the concept of nucleic protein and oxygen. The nucleoside gives stability and controls the extra heat energy due to capacity of water binding. This simulates to moon. The high energy bond of phosphate represents sun, which is mark of energy. Oxygen being a major share holder of air represents ANIL, which is responsible for all activities. DNA or RNA may be measured by various means whereas oxygen is weighed through oxygen tension.

Thus the present study confers upon nucleic acid as KAPHA and PITTA, whereas oxygen as a VATA.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	302
4	[ArtTitle]	***A CORRELATIVE ANATOMICAL STUDY OF SIRA MARMA***
5	[ArtEqEng]	
6	[NmeScholar]	Mishra, J.N.
7	[NmeGuide]	P.C. Jain
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	There are certain vessels known in modern surgery namely femoral artery at inguinal ligament and in Hunter's canal, popliteal artery, dorsalis pedis artery, lateral dorsal artery, and posterior tibial artery around the ankle joint etc., are important for surgery point of view due to being superficially placed and are closely associated to the applied Anatomy. Sushrut made similar observation in the name of sira marma but were appears to be correlative gap between the modern and Ancient views. This has been tried to be filled up through this work. The study consists of 3 parts. The first part has dealth with the critical aspect of sira marma with the help of ancient and modern literature. The second part has discussed about the anatomical aspect of the Sira marma after arriving at a result through critical study. The third part has evaluated the

assessments by collecting the cases of injuries at the sites discussed in classical literature.

Sringavtak marma is cavernous sinus including semilunar ganglion being associated with basilar (Talu) fracture. Sthpani Marma is situated at frontal sinus and associated with anterior and of superior sagittal since middle third part of the root of nasal cavity bolding ethmoidal vessels responsible for fana Marma. Among a marma is situated at the lateral well of artery carrying lacrimal vessels. Neela and Manya are external carotid arteries and retromandibular vein along with as part of external jugles vein respectively. The great vessels of the neck are Matrika. Apalapa Marma is associated with ancillary vessels in the deltopectoral triangle.

In similar way the other siras marmas have also been worked out.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	19
4	[ArtTitle]	***A CORRELATIVE STUDY OF ASTHI SARA PURUSHA AND DEHA PRAKRITI***
5	[ArtEqEng]	
6	[NmeScholar]	Shiv Kumar Dwivedi
7	[NmeGuide]	Dr. J.S. Parashari
8	[NmeCoGuide]	Dr. J.N. Mishra
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1983
13	[EnNo]	L/A/81/204
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	The study reveals that the KAPHAJA PRAKRITI is prevalent in society, however the large random sample confirms this fact, and it may only be informative at this stage that KAPHAJA PRAKRITI is common in the sample of present study. In adult male SHIR (Head) Circumference varies from 51.5 cm. To 60 cm. In this present study at the level of glabella anteriorly and external accepital protuberance posteriorly. The circumference of SHIR (head) of ASTHI SARA PURUSHA measures from 57.5 Cms. To 60 cms which concludes that ASTHI SARA PRURUSHA has larger SHIR (CIRCUMFERENCE) and further it may approve SUSHRUTA'S version (ASTHI SARA PURUSHA has large SHIR). In addition to this KAPHAJA PRAKRITI is

predominant in SHIR circumference characteristic ranging from 57.5 cm. Onwards and larger is the SHIR in circumference, higher is the possibility of ASTHI SARA PURUSHA. This also verifies SUSHRUTA'S observation that the head is larger in ASTHI SARA PURUSHA.

The lateral thickness of JANU (Knee joint) among ASTHI SARA varies from 9.9 cm. To 11.6 cm is the thickest group found in the present study. This approves the observation of CHARAKA that ASTHI SARA PURUSHA has thicker JANU. So far as GULPHA is concerned the range from ASTHI SARA is from 26 cm. To 28.3 cm. And it is thicker also in ASTHI SARA PURUSHA.

The cranial index in radiological findings indicates that BRACHYCEPHALIC skull is common in KAPHAJA PRAKRITI, mesocephalic skull is common in PITTAJA PRAKRITI and BVRACHCCEPHAQLIC skull is very rare in vataja Prakriti.

The association between ASTHI SARA PURUSHA and KAPHAJA PRAKRITI has been found statistically significant in this study which also correlates the observations in the present study.

The present study concludes that all ASTHI SARA dependency between PRAKRITI and SARA. Only ASTHI SARA is strongly KAPHAJA PRAKRITI PURUSHA.

Thus it can be concluded that SARA PARIKSHA can not be replaced by PRAKRITI PARIKSHA and PRAKRITI PARIKSHA can not substitute the SARA PARIKSHA which indicates that both are independent.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	84
4	[ArtTitle]	***A CORRELATIVE STUDY OF SARA PURUSA AND DEHA PRAKRTI WITH REFERENCE TO NORMAL SUBJECTS***
5	[ArtEqEng]	
6	[NmeScholar]	Govind Prasad Tewari
7	[NmeGuide]	Prof D.G. Thatte
8	[NmeCoGuide]	Prof J.S. Parashari
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1987
13	[EnNo]	B.N.90
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	Normal Human subjects can be investigated. Such investigations have been advised in variety of ways. The moto of these investigations is to examine an individual, his 'Bal' and tolerance. It is a common understanding of modern physicians that the clinical Methodists the best approach to diagnose the disease and its prevention. Ayurvedacharyas have advocated theory of TRIDOSA. They have suggested "DASA VIDHI ATUR PARIKSHA". They have also categorized the persons in SEVEN DEHIK PRAKRITIES and eight type of SARAS. Up to present day in the field of Ayurveda none of the workers have made effort to establish correlationship between Deh-Prakriti and Sara. Therefore, the present study has been selected.

REVIEW OF LITERATURE:- Sara and Prakriti are the subjects known to the Indian physicians for long long ago. According to classical literature ayurveda considers the SARIRA mainly consisting of DOSA, DHATU and MALA. There is description of seven Dhatus; such as Rasa, Rakta, Mamsa, Meda, Asthi, Majja and Sukra. Every previous Dhatu contributes in the formation of next one carrying its own sara.

In Agni Puran there is description of Ras, Raktadi Dhatus regarding their formation and functions. In Samhitas there is description of eight types of Saras in order to know the strength of the persons. These are Twak Sara, Rakta Sara, Mamsa Sara, Meda Sara, Asthi Sara, Majja Sara and Sukra Sara. The characteristic features of Saras are also mentioned there. It is fallacious to consider an individual to be strong or weak either from his plumpy or emaciated body or from the large or small size of his body. Some people having a small sized and emaciated body are seen to be strong. They are like ants who have a small body and look emaciated but can carry too heavy a load. Thus, one should examine the individual with reference to the excellence of his Dhatus.

The characterstic features of different Saras have also been mentioned in Sushruta Samhita, Kasyapa Samhita, Astanga Sangrah, Astanga hridaya etc. one also finds literature about the integument, blood, muscle, lipids, bones, bone marrow and semen. Which may have relationship with the above said saras.

The word Prakriti is derived as under:-

PRAKRITI – PRAKROTI ETI PRAKRITI.

In Sankhya Darshan prakriti has also been discussed. It is described there as unmenifested, undifferentiated, infinite and eternal. The Prakriti is made of three basic entities known as Gunas i.e. Sattwa, Rajah and Tamah. It has also been defined as Mula prakriti. The first substance which comes out into being is Mahan and then Ahamkara. Ahamkara is again described of three types. Sattwa, Rajah and Tamah. The Satvika Ahamkara with the help of Rajas Ahamkara gives rise to eleven Indriyas (sense organs). Tamasa Ahamkara with the help of Rajas Ahmkara produces five Tanamatras. Pancha Mahabhutas come out of Panch Tanmatras. The universe starts with the meeting of mule prakriti with purusa. The Mule Prakriti is also called Ayyakta.

In Ayurvedic classics the description of Deha Prakriti is also available . The word dosa prakriti, Deha Prakriti and prakriti have been used in the same meaning. According to Caraka prakriti is formed at the combination of Sukra and Sonit. Which ever dosa is predominant at the time of union of Sukra and sonit, the same prakriti develops. It also depends upon kula, desa and kala. The preakriti of mother's Ahar and Vihar also influence it. The prakriti has been classified into the following seven categories based on the EKDOSAJA, DWIDOSAJA and TRODOSAJA. It is further mentioned that the above said dosaja prakriti remains inherited through out the life.

Susruta while describing GARBH NIRMAN has said that the Garbh is the product of Sukra and Sonita alongwith Atma and Vikaras. The behaviour of the Garbh varies according to predominance of Dosas. This is the reason why in the society no two identical personalities are seen. Following Bhavas also play their role in the determination of prakriti.

1) Matrja Bhava.
2) Pittraja Bhava.
3) Atamaja Bhava.
4) Sattwaja Bhava.
5) Rasaja Bhava.
6) Satmyaja Bhava.

Besides six following types of Prakrties are described in CARAKA SAMHITA.

1) Jati Prasakta.
2) Kula Prasakta.]
3) Desanupatini.
4) Kalanupatini.
5) Vayanupatini
6) Pratyatma Niyata.

The western thinkers have thrown light on the concept of temperament and its formation. The name of the doctor MORTAN PRINCE, FLOYD ALLOPOVIT, DR. ALEXIS CARREL have described temperament.

MATERIAL METHOD:- A clinical plan of work was decided to determine Deha Prakriti of male subject between the age of 25 to 45 years. A random sample of 70 male cases was taken. The 10 cases were rejected on the ground that they were suffering from this or that disease. The remaining cases were examined for the assessment of different sara purusa and their deha prakriti. For deciding different sara purusa the subjective signs and symptoms were grouped. As well as objective criteria were taken. For Rakta Sara purusa the hemoglobin percentage and the total R.B.C. count was taken as objective criteria. The tone of muscles, the strength of muscles and reflexes were chosen as objective criteria for mamsa sara purusa. Similarly for determining the Meda Sara Purusa the following objective criteria was taken; estimation of blood cholesterol. For asthi Sara Purusa Serum calcium and serum phosphate were selected objective criteria. For sukra sara purusa the semen of the cases was taken as objective criteria. For the remaining sara purusha the subjective signs and symptoms were only the base for determining the respective sara.

LACUNAE:- The body build is very much dependent upon Dhatu, Sara and Deha Prakriti. The correlation ship between two theories that is between Deha Prakriti and Sara Purusa has not been established by any scientist. In Ayurveda Samhitas only subjective features about Deha Prakriti and Sara Purusa have been enumerated. None of the worker has made effort to suggest any objective parameter for determining the Sara Purusa. Therefore, the present study has been selected to present objective criteria and correlation ship between Deha Prakriti and Sara Purusa.

OBSERVATION & DISCUSSION:- To determine prakriti of an individual ten subjective signs and features according to Ayurvedic classics wee selected as criteria on the basis of maximum subjective signs of a particular prakriti an individual was declared of that prakriti. Similarly the Sara Purusa was determined on the basis of maximum number of signs out of ten present in the individual. The correlation coefficient was circulated as given in the method & materials. The co-relation coefficient between kaphaja prakriti and one Sara was calculated. It was 1 between Kaphaja Prakriti and Sattwa sara which is maximum in all the pairs. Therefore, the kaphaja prakriti and sattwa sara was the only pair that can be taken as significant.

Similarly the correlation coefficient was also calculated between Vataja Prakriti and different Saras and pittaja prakriti and different saras. The correlation co-efficient between Vataja Prakriti and Asthi Sara was calculated 36 which is maximum in all the cases. Therefore, the pair Vataja Prakriti and Asthi Sara was taken as significant.

In the last the correlation coefficient between Pittaja prakriti and different saras was calculated. It was 78 between Pittaja prakriti and Rakta Sara. It was maximum in all the pairs of pittaja prakriti and different saras. Hence it was taken significant.

INFERENCE:- The study shows that the persons of Kaphaja Prakriti, Pittaja Prakriti and Vataja Prakriti are sattwa sara, Rakta Sara and Asthi Sara Purusa respectively.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	72
4	[ArtTitle]	***A CRITICAL STUDY OF ASHTEME ASTHIRI BHAVATYOJAHA WITH SPECIAL REFERENCE TO PREMATURE BIRTHS OF EIGHTH MONTH GESTATIONAL PERIOD***
5	[ArtEqEng]	
6	[NmeScholar]	Rita Shukla
7	[NmeGuide]	Dr. J.N. Mishra
8	[NmeCoGuide]	Dr. (Smt.) Shail Kumari
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	
13	[EnNo]	AY/92/2
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	

18 [Abst]

The present study entitled "A critical study of Ashteme Asthiri Bhavatyojaha with special reference to premature births of eighth month gestational period" is to verify the concept of instability of Oja in 8th month and its effect on perinatal viability. The whole work has been done under following two section:

1. Literary Section
2. Survey Section

1. LITERARY SECTION

Oja is the vital essence of all the seven Dhatus from Rasa to Shukra. All the seven Dhatus and Oja are nourished by Ahara-

Rasa (Ch.Sut.28/4). Though it is lodged in heart, but of circulating nature, responsible for maintenance and protection of the body. Each and every cell of the body is permeated with Oja and absence or diminution of which leads to the degeneration and decay of the body (Su.Sut.15/24).

Bala has been used as a synonym of Oja as stated by Sushruta (Su. Sut. 15/24), but actually the relation between Oja and Bala is that of cause and effect or mass and energy (Dalhana Su. Sut. 1/28 and Dalhana Su.Sut 15/19). Classical literature states that Oja is the substance which is the basis of strength, body resistance and protects the person against diseases.

Oja possess ten main properties which are antagonistic to Madya (alcohol): It is reddish yellow and Ghee like in color; Lajagandhi in odour; Madhura in Rasa; heavy and stable in nature but capable to move (Sara) ; having nature of producing Bala like moon (Somatmaka) and the best source of Prana.

Regarding origin of Oja according to Charaka it is the first thing that comes into picture in the process of creation of living being and is compared with the formation of honey by bees. Oja plays important role in fertilization, foetal development and then in foetal viability; in maintenance of nutritional, functional and vital integrity of the body; in feeling of strength; governs the mind and in maintenance of resistance towards diseases.

As per different Ayurvedic classics, classification of Oja differs very much. Hemadri in his commentary on, Ashtanga Hridaya has clarified and systematized various classification of Oja which is as follows:

Oja as Mala of Shukra Dhatu (A.S.Sha. 6/83, A.H/Sha.6/83, A.H.Sha/3/63-64): Oja as essence of Shukra Dhatu (A.S.Sha.6/73 and Dalhana Su.Sut. 15/19); Oja as Jivashonita (Dalhana Su.Sut. 15/19): Oja as Rasatmaka (Ch. Ni.4/7: Chakrapani Ch.Chi.8/41, A.H.Sha.3/18 and Dalhana Su.Sut. 15/19): Oja as quint essence of all the seven Dhatus (Su.Sut.15/24, A.H.Sut.11/37 and A.S.Sut. 19/34) and Oja as Prakrit Shleshma (Ch.Sut.17/117).

The concept of Para and Apara Oja is laid down by

Chakrapanidutta. He supported his view with the following logical points.

(i) The term Pra is itself indicative of the term Apara (II) Reference of two different quantities of Oja Ashtabindu and Arhdhanjali (Ch.Sha 7/15) (iii) Difference of non circulatory and circulatory nature (iv) Fatal or non-fatal consequences of Ojakshaya (v) Clinical observation is that even continuous loss of Oja in Prameha does not lead to death immediately. It means that only Apara Oja is lost.

Sushruta has considered three abnormalities of Oja they are: Ojakshaya, Ojo-Visramsa and Ohjo-Vyapat.

Regarding the concept of Ashteme Asthiri Bhavatyojaha all Ayurvedic classics and their commentaries have mentioned this feature in 8th month of gestation. According to Charaka and Vagbhatta (I) perinatal death is not necessary in 8th month if at all this is due to instability of Oja. The health status of the mother after delivery in 8th month in relation to instability of Oja has not been described by Charka and Sushruta. However Vagbhatta and Indu have clearly mentioned that if during birth in 8th month Oja appears in the foetus and neonate will survive and the mother may turn morbid due to absence of gestational Oja in her body, but she will not die as her own Oja is present in her body. One the other hand if during birth in 8th month the gestational Oja appears in the mother the neonate will not survive (due to absence of gestational Oja), as the life of neonate is dependent upon it. Thus the maternal mortality after delivery in 8th month has not been accepted in the classical books.

2. SURVEY SECTION

This section comprises material and methods, observations, discussion, inference, conclusions and result. In this section, to verify the textual concept of instability of Garbhaja Oja in 8th month, 100 cases of premature births were registered and they were divided into two groups i.e. 7th month premature births and 8th month premature births. To compare the instability of Oja and its consequences in 7th and 8th months of pregnancy following criteria were adopted:

i. Signs and symptoms (Lakshanas) of instability of Oja.
ii. Perinatal morbidity or weakness.
iii. Perinatal mortality.
iv. Maternal morbidity or weakness.

Observation after survey reveals that there is definite association of Lakshanas due to instability of Oja such as Muhurglani Muhurhristha etc. in mother as well as in foetus during 8th month pregnancy. Association in health status of mother and neonates was observed statistically insignificant X2 =0.045, P>0.1) in 7th month whereas the 8th month association was significant (x2=3.92, P<0.05). this observation supports the concept of Ashteme Asthiri Bhavatyojaha as per Ayurvedic classics. If delivery takes place during 8th month then the health status and life of the foetus or neonate may be doubtful because of unsettled IgG in foetus during 8th month of gestation or in other words the premature perinatal death is possibly due to low level of IgG in foetus as compared to the level of IgG in mother which is responsible for general resistance against infection incurred during perinatal life. The modern views have also supported the present findings of the work.

The various other factors such as occupation, socio economic status, education, ANC and parity etc. have definite association in influencing premature births. The statistical evaluation which is significant indicates that survey reports may be valued for the further investigation with more deep assessment.

This critical study is to verify the above said concept of Ashteme Asthiri Bhavatyojaha and its consequences in the parlance of modern medical sciences.

The concept of Ayurveda that Oja is present during fertilization, during the foetal development and responsible for perinatal viability has been critically reviewed on the basis of immunology which reveals the substance IgG (immunoglobulin G or gamm immunoglobulin). IgG is the only substance shared by foetus from mother is the fittest onset of Garbhaja Oja. According to hypothesis of Aurveda

Garbhaja Oja is also carried to foetus from the mother. This substance settles in 8th month gestation falling from higher level and decides the perinatal viability depending upon the comparative level from the mother. The same observation is found in hypothesis of Ayurveda, that Garbhaja Oja in 8th month is the determined factor for preterm perinatal life.

Thus the present research work has tried to resolve the misunderstanding regarding Ashteme Asthiri Bhavatyojaha by fixing the biochemical substance i.e. IgG which determines the viability of the foetus though completed anatomically from all respects. The outcome of the work helps in advancing the knowledge of the Garbhaja Oja and facilitates the better understanding of the subject.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	295
4	[ArtTitle]	***A CRITICAL STUDY OF DALHANA'S WORK ON SHARIR'***
5	[ArtEqEng]	
6	[NmeScholar]	Parashari, Jagdish Sharma
7	[NmeGuide]	D.G. Thatte
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In the field of Sharir, no person has critically worked on Dalhan's concept on Sharir. Therefore the present study has been selected to verify the hypothesis and explanations submitted by Dalhan either in favour or against. The basic concept of Sushruta. The efforts are also made in producing scientific explanations with the help of latest knowledge. The present work has been divided in seven chapters such as Sristi Vihan Sharira, Garbha Sharir and Anga pratyanga Sharir etc. These chapters have been further divided in to four parts such as 1. Introduction 2. Review of literature 3. Discussion 4. Conclusion. In the last conclusions are drawn in the form of sinielarities and dissimitarities between sushruta and Dalhan's approach. For example 1. Dalhan has verified the idea of Ayurveda

regarding factors for Sristi Vikas like svabhava, Ishvara etc.
2. According to sushruta, Hridaya is the seat of chetana where as Dalhana is of the view that whole body is infused with life. Both are correct at their place in author's opinion.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A CRITICAL STUDY OF GUDA MARMA WITH SPECIAL REFERENCE TO MARMA SHARIR ACCORDING TO ASHTANG HRADAY & SUSHRUT SAMHITA.***
5	[ArtEqEng]	
6	[NmeScholar]	DHANORKAR. R.N
7	[NmeGuide]	PROF.DR. (MRS.) P.B.KAMBLE
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	LITERATURE RESEARCH
18	[AnyOther]	
19	[Abst]	***Keywords:*** Marma Sharir, Guda Marma

Background & Aims:

Vagbhatacharya explains Guda Marma as Dhamani Marma & Sushrutacharya as Mamsa Marma. So main objective was to identify Rachana Sharir of Guda Marma whether it is Dhamani or Mamsa Marma & to locate its exact site based on reference of Charakacharya.

Methodology:

Literature: To collect data about structure and position of

Guda Marma from different Ayurvedic Samhita and Research Papers.

Cadaveric: Structure and position of Guda Marma was studied by method of dissection. Modern method of dissection was followed.

Results:

Guda is four and half Anguli i.e. from anus to inferior Houston's valve and Mamsa Dhatu is predominant here. So Guda Marma is Mamsa Marma.

Interpretation:

Guda is end part of Mahasrotas according to Charak and Sushrutacharya. It is clear according to Rachana Sharir; the part below inferior Houston's valve is actually Guda which is four and half Anguli. It contains lower part of Rectum and Anal Canal. After Rachanatmaka view in this part there is internal anal sphincter, external anal sphincter, Puborectalis muscle, levator ani muscle are present. But also superior rectal artery, middle rectal artery, internal rectal plexus are present. But according to "Vyapadeshastu Bhuyasa and Bahulyena Tu Nirdesha," Marma are named by predominant structure present at Marma site. So, Guda is Mamsa Marma

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A CRITICAL STUDY OF KUKUNDAR MARMA AS VAIKALYAKARA MARMA.***
5	[ArtEqEng]	
6	[NmeScholar]	CHAUHAN M.N.
7	[NmeGuide]	PROF. DR. (MRS.) P.B.KAMBLE
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	LITERATURE RESEARCH
18	[AnyOther]	
19	[Abst]	***Key Words:*** - Kukundar Marma ***Background & Aim:*** Kukundara is a Sandhi Marma and Vaikalyakara Marma situated on either side of vertebral column just below waist, the injury to the particular site leads to Grudhrasi type of symptoms. So the objective is to find exact site of this Marma along with its size, shape and its constituents. ***Methods:*** **In Vivo:** -Exact position of Kukundara Marma was confirmed in normal

-Volunteers based on various textual references.

In Vitro: -Anatomical position and structures were studied after dissecting dead bodies.

Survey Study: -Survey work of effect developed after trauma on Kukundara Marma in 30 patients.

Results:

Kukundara Marma is Vaikalyakara Marma and Sandhi Marma.

Interpretation:

When Kukundara- Marma Viddha Lakshanas are compared with Grudhrasi Vyadhi, all the symptoms resemble each other. Trauma to the Kukundara- Marma leads to increase in Vata Dosha leading to disease Grudhrasi with symptoms including pain along posterior aspect of lower limb and in extreme condition patient may not be able to walk properly. So, it is a Vaikalyakara Marma.

The dissection of the particular past can be concluded as Kukundara Marma is the junction of Ileum and sacrum bone and structures intervening are Scrotuberous ligament, sciatic nerve, and Gluteal muscles so it is Sandhi Marma.

The pain producing structure is sciatic nerve. Its thickness is about ° angula. So Pramana of Kukundara is ° angula.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	16
4	[ArtTitle]	***A CRITICAL STUDY OF MUTRA NIRMANA DESCRIBED IN AYURVEDA WITH SPECIAL REFERENCE TO MODERN PARAMETERS***
5	[ArtEqEng]	
6	[NmeScholar]	Pandey, A.N.
7	[NmeGuide]	Dr. Mishra J.N.
8	[NmeCoGuide]	Dr. Shukla Y.D.
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1993
13	[EnNo]	AY/94/01
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	The term VRIKKA refers kidney, since it has been used in plural form, though no reference on its function is found in classical literature. It is intra-abdominal structure and situated on the posterior abdominal wall. It is round in shape and is composed of the essence of blood and fat. The filtering unit (excretory unit) is not kidney but Nephron and kidney is nothing but a collection of such Nephrons. These excretory units filter Metabolic end products. Actually, Mutra Nirmana Prakriya begins from 'Bowonan's Capsule and ends at Distal tubule.

The Rasa (plasrna) is cleaned through fitration at the level of kidney.

'Mutra Nirmana Prakriya' includes three processes:

A) FILTRATION (Bowman's Capsule)
B) BEABSORPTION (Distal tubule)
C) SECRETION (Epethelial cells of the tubules).

Sushruta, has laid down the example of earthen pitcher probably just to define the permeability of the glomerular membrance which is greater than usual capillaries inspite of a number of layers.

Mahasrotas is directely related to kidneys from thewater imput and out put point of view. Inway gate of water is Mahasrotas where as outway of water is Nephrons.

Mutravaha srotas may be taken from Gloimerulus with special reference to 'Ayanamukha'.

Regarding 'Mutravaha Srotas mool', the difference of opinion between sushruta and charaka is due to sushruta being a surgeon and charaka being a physician.

The discussion regarding vasti, leads to urinary bladder which is a reservoir of Urine, collecting urinary fluid through Mutravaha Nadis.

The Nadis, carrying water from large gut, ultimately to Vasti (Urinary bladder), numerious in number, are the channels through which, as a result of osmolarity pressure gradient, water is carried to blood circulation and from there to urinary bladder through kidneys. But, the urine in bladder depends upon the water absorption in large gut.

Regarding Mutrava Dhamanis, it is interpreted that there are definite arteries which are concerned to tuft of Bowman's capsule and are only related to urine filtration. On the other hand, there is no hasitation to estate that all Dhamanis are not related to 'Urine Formation'.

A term, 'Mutravaha Siras' has also been mentioned by some workers which describes the fitered Urinary part out of which the maximum quantity of water is described in pushed to renal siras.

Gavinis, appears to be termed as Ureters which collect the urine from kidneys.

Mutravaha Srotas and Mutravaha Dhamanis are never be one which is differentiated by classics also.

It is mis-interpretation of the Ayurvedic literature that Urine is formed from 'Pakvashaya' (LARGE GUT) rather the interesting point is that water is absorbed throughout the gut, but the science of Ayurveda has classified the water absorbed from 'Pakvashaya' to solidity stool and the water absorbed from the Mahasrotas before the 'Pakvashaya' is nutrient.

The importance of 'Pakvashaya' has been attached to 'Mutra Nirmana Prakriya', since flow of water depends simply on the presence of Osmotic gradient in the gut.

The water transport in the gut is followed through sodium, thus Mahasrotas acts as a pump to push the water in to intestinal epithelial channels, ultimately entering the blood circulation. That is why the role of Mahasrotas in general and pakvashaya in particular is important from the Urine formation point of view.

The circulatory water load soalely depends upon the water absorption conditions in the gut, especially in large gut. This mystry has been noted by the Ayurvedists, therefore, probably the so much importance of 'Pakvashaya' has been attached to 'Mutra Nirmana Prakriya'.

The Ayurvedic science was not very much fascinated and concerned to detail study of physiology of Mutra Nirmana rather the conclusive observation has been noted regarding balancing of the water in the body through the water loading mechanism at the large gut and the water reducing mechanism at the level of Vasti.

The different terms such as Mutravaha siras, Mutravaha Dhamanis, Mutravaha Srotas, Mutravaha Nadis and Gavinis, clearly reveal that Ayurvedic Acharyas were very well knowing about the excretory mechanism, the importance of renal vedin and artery and Ureters etc.

The shape of Vasti as inverted pitcher removes the doubt about the urinary bladder because the similarity of Urinary badder and Vasti appear to be like inverted pitcher.

INFERENCE INCORPORATION WITH THE REVISION

Some of the original thoughts incorporated to achieve the aims and objects are summarized as below:-

The filtration method as given in Ayurvedic classics with the example of new earthen pitcher has been explained through the special dynamic permeability achieved as a result of Phenestrae negatively charged.

The Mutra Nadi has been discussed in detail and concluded upon ureters.

Mutravaha Sira has been interpreted with renal veins, Mutravaha Dhamani has been inferred with Renal arteries, Mutravaha srotas has been compared with Glomerulas.

The reasoning has been given for different opinion of Charaka and Sushrut on Mutravaha Srotas mool and the difference has been explained with an original concept.

The association between large gut and Vasti has been highlighted.

The vrikka as a missing excretory organ has been explained with the help of an absolutely new concept.

The importance of Pakvashaya with respect to Mutra Nirmana Prakriya has been laid down taking help of modern concept.

The clinical approach Ayurveda has been highlighted with new dimension of approach with reference to Mutra Nirmana Prakriya and its structural anatomical association

The reasons have been mentioned for not mentioning the excretory system.

Comment No. 3 :- Every research work is based upon workers own observations and interpretation.

All the references and original findings which have been presented in the thesis are based on the candidate's own observations, certified by the supervisor duly approved by the then Head of the department. The comment No. 3 of the examiner proves itself that the examiner has not gone through the research work which consists of full of original thoughts based on candidate's own observations resolving upon the matters:

Vrikka is nothing but kidney but Ayurveda does not accept it as an excretory organ based on the fact that Nephrons re the excretory structures.

The example of inverted pitcher given by Sushruta relates with the physical property like permeability.

The candidate's own observations reveal Mutra Nirman Prakriya solely depends upon the absorption of water through Mahasrotas particularly Pakvashaya. This was the reason observed by the candidate for which classical books have attached importance of pakvashaya with Mutra Nirmana Prakriya.

The observation that Pakvashaya acts as a switch or regulator of Mutra Nirmana is a new idea for classical books considering Pakvashaya as an important structure regarding Mutra Nirmana.

Many channels from Pakvashaya to Vasti with respect to Mutra Nirmana have been viewed by the candidate that Mahasrotas acts as a pump for water to push in to the circulation pool through intestinal epetherial channels.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	27
4	[ArtTitle]	***A CRITICAL STUDY OF SOME OF THE SHARIR TERMS SNANU, RAJJU & KANDARA***
5	[ArtEqEng]	
6	[NmeScholar]	Rakesh Kumar
7	[NmeGuide]	Pro. J.S. Parashari
8	[NmeCoGuide]	Dr J.N. Mishra
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1992
13	[EnNo]	L83/AY121
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Following inferences are derived on the basis of discussion:- These are all fibrous structure basically or after modification. These fibers are arranged in a bundle like Shun fiber or Hemp fiber. These are strong fiber basically, and due to bundle form arrangement they become stronger. They perform stronger functions in the body. In certain places they hold the visceras and other structures of the body. They also perform different functions as a remanant part of the body Sanskrit words are very much similar to English words for a

example Snayu = sinew.

The word snayu is derived from dhatu 'Una' in the meaning of impulses carrying cord (Vayu vahini nadi).

The fibrous tissue is present in tendons, ligaments, aponeuroses, articular capsule, the deep fascia of the body and limbs and durameter etc. the function of these structures is to connect the different tissues and part of the body to afford mechanical protection against stretch and pressure and in this way to impart great strength and as well as maximum amount of flexibility.

Chemical structure:- It is collegen protein.

Snayu are very painful than other structures like peshi, Asthi, siras.

The sanyu are classified into four groups on the bases of their nature and arrangement of the fibers:-

(a) Pratanvati Snayu

(b) Vritt Snayu

(c) Sushira Snayu

(d) Prathul Snayu.

On the bases of discussion, the conclusion is derived that the term pratanvati snayu refers nothing but to fibrous tissue. The term sushira snayu is very much similar to valvular bands of muscle as their shapes, function and histology also resemble the histology of snayu as described by sushrut. Prathul snayu may be flattened or expanded fibrous sheets like lumbodorsal fascia, galea aponeurotica and other aponeuroses. Vritt snayu are very much similar to kandara.

RAJJU:-

Rajju are a strong material like the rope used for binding purposes at different places. On the bases of position, arrangement and distribution, Rajju may be the erecter spiniae muscle.

KANDARA:-

'KANDARAS' are the "VRITT SNAYU" , they are not different identity.

1 [ArtID]
2 [FolNo]
3 [SlNo]
4 [ArtTitle] ***A DETAIL STUDY OF RASAVAHA SROTAS AND IT'S MOOLASTHANANI AS MENTIONED IN SAMHITHAS***
5 [ArtEqEng]
6 [NmeScholar] SAWANT U.V.
7 [NmeGuide] DR. (MRS.) P. B. KAMBLE
8 [NmeCoGuide]
9 Name of the Journal
10 [Dept] DEPT. OF RACHANA SHARIR
11 [Insti] BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12 [Univ] BHARTI VIDYAPEETH UNIVERSITY, PUNE
13 [Year]
14 [EnNo]
15 [Lang]
16 [Study] MD
17 [SubStudy] LITERATURE RESEARCH
18 [AnyOther]
19 [Abst]

Keywords: Rasavaha Srotas, MoolaSthanani

Background & Aim:-

Dosha travels through channels called as Srotas whose vitiation plays a vital role in formation of disease.

1) As Rasa Dhatu is the first Dhatu formed in the digestion process of Ahar Rasa, it is necessary to know the exact Sthana of Rasa Dhatwagni & Rasavaha Srotas.
2) Among all the Srotas, Rasavaha Srotas is one of the major Srotas which gets vitiates in major happening diseases like Rajyakshma, Jwara, Pandu, Atisar etc.

3) In various Samhitas there are different opinions about the structures like Sira, Dhamani & Srotas. They mentioned different terminologies for the same structure and that's why confusion has been occurred. So for understanding the science it is necessary to fix these terms with related anatomical structure in the body.

4) The term Rasavahi Dhamani is defined compare to Rasavaha Srotas Moolasthana with relevant anatomical structure &▯ also Viddha Lakshanas are studied as mentioned in Samhitas.

Methodology:-

1) Literature: - Various references about Rasavaha Srotas have collected from classical texts.

2) Dissection: - For the study of Moolasthana of Rasavaha Srotas i.e. Hrudaya & Dash Dhamanies Cadaver has been used.

3) Clinical study:

   30 patient of Rasapradoshaj Vyadhi have been taken for study. Specific format of case paper is performed for the diagnosis of Rasapradoshaj Vyadhi & diagnosed with the help of Ayurvedic diagnostic criteria. Various Rasdushti Lakshanas,Vyadhipratyanik Lakshanas & Moolasthana Vikruti Lakshanas are observed.

▯

Results:

1) Exact position of Moolasthana of Rasavaha Srotas i.e. Hrudaya is conformed as explained in Sushrut.

   Sharir Sthana 4/31 by cadaver dissection modern method.

2) In Rasapradoshaj Vyadhi the Rasavidha Lakshanas occurs in Hrudaya due to vitiation in Rasa Dhatu & its Srotas.

Interpretation:-

1) Rasadhatwagni may be present in the lumen of Rasavaha Srotas.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	83
4	[ArtTitle]	***A PHYSIO ANATOMICAL STUDY OF ANAAVAHA SROTAS WITH SPECIAL REFERENCE TO SAMAN VATA***
5	[ArtEqEng]	
6	[NmeScholar]	Neeraj Bajpai
7	[NmeGuide]	Dr.(Smt.) Shobha Mobar
8	[NmeCoGuide]	Prof. Y.D. Shukla, Dr. M.P. Pandey, Dr. P.S. Srivastav
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1995
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	

The present research work is literary one. Thus study is based on Ayurvedic and modern literatures available today. The organs of Annavaha Srotas presented by Ayurvedists will be studied in light of the explanations present in modern concept. This is to be done from anatomical physiological and histological point of view.

Ayurvedist have only mentioned about the functions of Samanavata stating it to be located between Amashaya and Pakwashaya but functions of Samanvata is unexplained. Detailed study of these points it not available. For probing the factors involved in performing the functions alike to Samanavata were taken into consideration.

The Srotas are described from very dawn of Indian literature.

In Vedas Srotas is described by the words Pantha, Srotya, Dhamanya, Hira, Nidhi or Khanin and Srawani. All these are constituted by Akash Mahabhoot.

In Upnishad Srotas has been resembled with the path of transportation of water.

In Srimad Bhagwat Geeta term Dwar has been used in meaning of Srotas in reference to Navdwar which are nine external openings of the body.

In ayurvedic Samhitas, Srotas is described as specific varieties of channels of circulation in the human body. This carries Dhatus undergoing transformation to their destination. In Vrihattrayee importance of srotas has been very well described.

CHARAK SAMHITA:- Acharya Charak has defined srotas as 'Sravanat Srotansi' i.e. structure through which Sravanam takes place. Synonyms used for Srotas are Srotas, Sira, Dhamani, Rasayani, Ras Vahini, Nadi, Ashaya, Niketa etc.

SUSHRUT SAMHITA:- Acharya Sushrut has defined word srotas in context of srotaviddha lakshanas. He described eleven pairs of srotas.

ASHTANG SANGRAH:- He has similar opinion as Acharya Charak. He also explained external Srotas which are nine in male and thirteen in female.

ASHTANG HRIDAYA:- Srotas is described as in Ashtang Sangraha and external srotas in treatment of Unmad and Apasmar. Manovaha and Sangya vaha Srotas have been included.

SHARANGDHARA SAMHITA:- Term Randhra is used for Srotas.

KASHYAPA SAMHITA:- Srotas are of two types – Sukshma (Nabhi, Roma Koopa) and Mahana.

BHELA SAMHITA – Word Srotas is used in number of diseases in sense of Srotodushti but there is no separate chapter for Srotas.

LITERARY REVIEW

The term Srotas is derived from 'Sru Srawane' means structure to exudates, to filter, to ooze or to permeate.

In Charak Samhita it is defined as 'Srawanat Srotamsi' i.e. structure through which Sravanam takes place. These are the channels of separation that carry Dhatu (Tissue elements) undergoing transformation to their destination.

Acharya Sushrut has excluded Siras and Dhamnis from the Srotas.

Type of Srotas are innumerable and numerable.

Following conclusions are drawn from the present study.

i) Annavaha Srotas is GIT from mouth to anus.

ii) The digestive agents present in this tract are termed as Agnis (enzymes). They perform their functions being seated into different digestive juices present in the tract. To this relationship Ayurvedists have called the relation of Ashraya and Ashrayee to digestive juices (Pachak Pitta) and Agni (enzymes).

iii) Physiological classification of Annavaha srotas presented by Ayurvedists is to understand the main function of those regions of gastro intestinal tract.

iv) The control of secretion of Pachak Pitta and Agnis etc. in GIT for digestion is under influence of Saman Vata that includes the following factors.

Nervous part includes extrinsic and intrinsic nerves. Extrinsic nerves connect it with spinal cord and brain. Intrinsic nerves control peristaltic movements. Parasympathetic (Vayus) and sympathetic nerves exert a regulating effect on gastro intestinal movements and its secretions.

While hormonal part includes gastrin and enterogastron (in gastric secretion), secretin, pancreozymin (pancreas), enterocrinin, duocrinin (succus entericus) hepatocrinin and cholecystokinin etc.

v) Kala or membrane seated between Amashaya and Pakwashaya i.e. from fundus of stomach to the ileocoecal junction is termed as Pittadhara Kala and this ends at ileocaecal junction and Maladhara Kala, starts from there. So (irahani is in between pyloric sphincter and ileocaecal junction. Thus membranous linings seated in these regions have been termed separately in accordance to functions they are performed.

vi) Moola of Anna Vaha Srotas are following:

a) Amashaya

b) Vama Parshwa alongwith Anna Vahi Dhamani.

The study contributes in original by revealing that Annavaha srotas is GIT in to and Samanavata is its controlling apparatus.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	81
4	[ArtTitle]	***A PRECISE ANATOMICAL STUDY OF VARIOUS SIRA MARMAS IN VIEW OF CRANIO CEREBRAL CIVIL WOUND***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Jagannath Pandey
7	[NmeGuide]	Dr. Mishra J.N.
8	[NmeCoGuide]	Prof. Mishra U.K. , Dr. Pant R.C.
9	[Dept]	Department of Rachana Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	2002
13	[EnNo]	L-AY/405-PHD/98
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Rachana Sharir
17	[AnyOther]	
18	[Abst]	The anatomical study has revealed that the structures responsible for various sira marmas are as follows:

1. The principal structure related to the Shringataka marma is cavernous sinus and its tributaries along with meningeal vessels supplying trigeminal ganglion and duramater located at the base of skull, where fractures of the middle cranial fossa are common. A large force of impact is required to produce fracture at the base of skull (150 to 200 G). Complexity of its location make surgical management difficult and intracranial haemorrhage may prove fatal. Arterio venous fistula with basal fracture is also seen.
2. The frontal air sinus and crista galli along with anterior

end of superior sagittal sinus are structures responsible for sthapani marma. Penetrating trauma, if wedged inside the cranium involving frontal sinus, then its pulling off leads to further injury and haemorrhage leading to death. Injuries to posterior wall of sinus, cristagalli and meningeal vessels are responsible for the prognostic status of vishalyaghna. The tolerance of the glabellar region to impact is lesser and any penetrating injury with force ranging from 50 to 80 G is enough to traumatize the sthapani marma.

3. The phana marma is related to the fragile roof of the nasal cavity and olfactory region comprising olfactory mucous membrane and unmyelinated olfactory receptor filaments. The vessel responsible for sira marma status is vulnerable ethmoidal artery, supplying the mucous membrane. Trauma in the region of the phana marma may rupture the branches of ethmoidal artery leading to haematoma and degeneration of olfactory mucous membrane causing degeneration of sensory receptors of the olfactory nerve and resultant anosmia. The region of phana is fragile and the nasal bones bear lower tolerance level (up to 30G).

4. Frontozygomatic arch is the site of apanga marma and the vessel responsible for sira marma status is lacrimal artery, along with anastomosing branches of middle meningeal vessels. Intraorbital haemorrhage by laceration of small meningeal vessels and lacrimal artery as a result of severe blow to the region of the apanga may compress the nerve and cut off the supply, leading to blindness. When a blow is directed from outer side, the orbital margin affords least protection (up to 50G)

5. External carotid artery in general and its superior and inferior branches closely related to laryngeal nerve in particular, are the structures acceptable for manya marma. Injury to the vessels in association of nerves or compression by haematoma to the nerve leads to hoarseness of voice or loss of voice.

6. External jugular vein in general and particularly its union with retromandibular vein located superficial to ext.

carotid artery are the structures responsible for neela marma. Post traumatic compression by haematoma in parotid region may lead to loss of taste.

7. Matrika marma are the four mother vessels on each side of trachea. These are matrika because they maintain blood supply to cranio cerebral as well as maxillofacial region. The structures responsible for this isra marma are carotid arteries, vertebral artery and internal jugular vein on each side of trachea.

The point to note in the description of sira marmas of neck is that the effect of injury to neela marma situated in upper part of the neck is vaikalyakara leading to complications of nervous origin because of the close association of vessels with nerves. While injury to matrika in lower part of the neck is instant fatal because of involvement of major vessels and uncontrolled bleeding.

8. Axillary vessels in the upper end of axilla (ansakuta) are the structures responsible for apalapa marma. Any trauma in this region has every change to produce injury to pleura along with auxiliary vessels leading to haemo thorax and empyema or serum becoming purulent.

9. The bronchial arteries in association to bronchi and pulmonary vessels are the structures responsible for apasthambha marma. The bronchial arteries are nourishing bronchi, walls of pulmonary vessels and pulmonary pleura. Injury to vessels invite infection after haemorrhage and piercing of pleura open the pleural cavity to air out side.

10. internal thoracic and intercostals arteries and veins are the structures deserve to be acdepted as the stanamula marma but as a fact, any severe trauma in this region will not produce isolated injury on vessels only, but lung and pleura will also be involved. This leads to haemorrhage, infloammation and accumulation of broncho pulmonary secretions followed by secondary infection and subsequently cough and dyspnoea.

11. Hridaya (heart) is the most important sira marma and

appreciated as one of tripod of life. In view of trauma this organ is not described only sira marma but also the seat of satwa, raja and tama, which reflects that hridaya marma is likely to be traumatized by two ways-

(i) The tear in structures of heart or shearing off the coronary vessels may occur after a severe chest trauma. Shock, cardiac tamponade and sudden death are usual presentations.

(ii) Being seat of satwa, raja and tama this marma is frequently injured by mental shock or psychological factors leading to cardiogenic shock and sudden death.

12. The structures responsible for nabhi marma are the great abdominal vessels in umbilical region. Abdominal aorta and inferior venacava in umbilical region are relatively superficial and an unexpected sudden blow in this region may prove fatal. A penetrating injury will shear off the major vessels leading to sudden death. A severe blow in this region will produce damage to important viscera also.

13 Posterior intercostals artery should be accepted as bhihati marma. In sixth intercostals space this vessels is vulnerable because of exposed area of angle of auscultation. In cases of chest trauma the chances of injury to intercostals vessels are more than the vessels of the root of the lung. Any penetrating injury in this region may lacerate the posterior intercostals vessels leading to intra thoracic haemorrhage.

14. The parshwa sandhi marma signifies for sacro iliac joint and the structures responsible for this sira marma are the vessels of the pelvic cavity viz- common iliac artery, its external and internal branches along with respective veins. A severe trauma to this region are fracture of pelvic girdle are commonly associated with damage to the pelvic viscera and vessels. Damage to the vessels in this region, beneath the parietal peritoneum leads to severe haemorrhage (lohitpurna kosthata), which may be life threatening.

15. The structure responsible for urvi marma in upper extremity is brachial vessels in the region of biceps brachii and the point of insertion of coracobrachialis. The causes of post traumatic sakthi shosha is haemorrhage leading to haematoma and compression of the nerve and or arterial insufficiency and ultimately dry gangrene.

16. The structure responsible for urvi in lower extremity is femoral vessels in subsartorial canal. Femoral vein is usually injured with artery and lesion of major vessels lead to arterial insufficiency and circulatory impairment which result in sakthi shosha because of shonita kshaya (loss of blood).

17. The auxiliary vessels with lower part of the brachial plexus in upper extremity should be recognized as lohitaksha marma. Particularly the third part of axillary artery is vulnerabie being superficial. Any injury to axillary vessels involve, injury to nerve also leading to loss of blood, atrophy and paralysis, or in Acharya Sushruta's words shonita kshaya, bahushosha and pakshaghata.

18. femoral vessels and nerve in femoral triangle are acceptable for lohitaksha in lower extremity. Injury ot femoral vessels results in profuse bleeding and serious circulatory impairment, while injury to nerve being in close association, leads to paralysis. The symptomatology of injury to lohitaksha in both the extremities is identical.

Acharya Sushruta has described nineteen vulnerable sites in sadyaha pranaharacategory, which is related to trauma and sudden death. Out of these nineteen marmas, fourteen belong to the structural class of sira marma which signifies the dominant vital status of sira marma.

In this precise anatomical study on sira marmas, the worker has attempted to explore the classical descriptions in light of modern clinico anatomical knowledge. Though the classical descriptions on various isra marmas, comprising their number, location, measurement and the effect of the injury is available in concise from without more descriptive detail and analysis, yet this worker is highly impressed to find out the accuracy of Acharya Sushruta's observations, in this study.

A collaborative scientific study on various marmas may prove a boon for the advancement in safe surgical practice and more significantly, may help in the development of the preventive aspect of health care to safeguard the precious human lives. Ayurvedic science of marma and study of its different structural classes may contribute to a greater extent in advancement of surgical and functional anatomy in general and the modern science of traumatology in particular.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	17
4	[ArtTitle]	**A REVIEW AND COMPARATIVE STUDY OF NEW BORN CARE WITH SPECIAL REFERENCE TO SHARIR**
5	[ArtEqEng]	
6	[NmeScholar]	Pandey J.P.
7	[NmeGuide]	Dr. Mishra J.N.
8	[NmeCoGuide]	Dr. Shukla Y.D.
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1993
13	[EnNo]	AY/91/3
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	

18 [Abst]

The new-born care appears in Indian literature since its existence of VEDA. It has stressed upon social-education, so that unwanted deaths may not occur in childhood. It proclaims that new-born mortality is disgraceful before their parents, the prayer that has been advised for long life. A life of century years was supposed to be satisfactory span.

If the born child is unconscious (asphyxiated) then fanning with winnowing basket made of KRSNAKAPALIKA i.e. ISIKA or NALA-MUNAJAVAMSA etc. or a blackened broken earthen pot should be done. This fanning and other procedures i.e. striking of stones near the ear base and irrigation of face with hot or cold water (alternately) should be continued until the neonate is revived or its respiration has established properly. The umbilical cord, eight ANGULAS (approx .4") distal to the umbilicus held gently in between two fingers should be cut with the ARDHA-DHARA-SASTRA (one sided sharp instrument i.e. knife etc.) made specifically for the purpose with gold, silver, iron or any other metal. The cut end should be tied properly with thread and hung loosely with the neck.

In the mid of 20th Century, a profound revolution in child health was brought about by the introduction of antibacterial chemicals and antibiotic agents with improved control of infectious diseases through both prevention and treatment.

Every birth is a medical emergency and perinatal hypoxia is one of the leading causes of perinatal mortality in developing countries. To combat this hazard, in the labour room the newly born baby should be helped to establish independent breathing without delay because within two minutes of tying the cord the arterial oxygen tension falls to 1-2 torr.

The 'first functional breath after birth is produced by integrated activity of several stimuli, the most important being hypoxia, acidosis, cord occlusion and thermal changes. Resuscitation efforts in the delivery room are designed to aim the new-born in his or her efforts to accomplish the necessary physiologic changes in the transition from foetal to neonatal life. Resuscitation efforts are directed towards expansion of the lungs by clearing the upper airway and ensuring the patent route to the trachea, to increasing the arterial pO2 water loss. The clearing the air passage with suction of the fluid has well been documented in the Ayurvedic classics by MUKHAVISHODHAN and PRACHARDAN, however seems to be crude method but their applicability and availability can not be denied and there is no hesitation to comment that the old technique can replace the modern ones whenever required.

There appears no immunization programmes to exist in ancient days however it can not be ruled out that the body immune system would have been cowered by increasing indigenous substances in the feeding.

The concept of new-borne care described Ayurvedic literature is based on scientific grounds and the A. B.C.'s resuscitation employed by the modern science appears to be only the modification to the centuries old tradition. The important basis of resuscitation is to promote functional breath through dermal neurogenic, stimuli. Cord ligation method as advised by Caraka also seems to be approved. The oil massage lately interpreted by the modern pediatricians is also an orginal hypothesis of Ayurveda.

Ayurvedists were aware of the naso-oral respiratory passage, which has later been given due respect in pediatric practice in terms of the techniques of endotrachial tube and suction apparatus.

1	[ArtID]	
2	[FolNo]	12
3	[SlNo]	87
4	[ArtTitle]	***A STUDY OF AJNA CAKRA ON NEUROLOGICAL BASIS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Anoop Kumar Baranwal
7	[NmeGuide]	Prof. J.S. Parashari
8	[NmeCoGuide]	
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1986
13	[EnNo]	L/A/8/246
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	The conclusions based on the critical study Savacchedena (Dissection) and clinical study are the following:

1. CRITICAL STUDY

The gross structure in the brain as representative of Âjna cakra are the structures described under the heading Lymbic system. The location of Âjna Cakra is described between the medical ends of eye brows. The structures inside the brain in the horizontal plane passing through the above location are the structures which are described under the heading limbic system. The structures of limbic system are intimately concerned in emotional behaviors, pleasure, fear, rage, and memory. The practice of Dhyana on Âjna Cakra controls the emotional behaviors through stimulation and inhivitory actions. Therefore the results obtained through practice of

Dhyana on Âjna Cakra resembles with the functions of Limbic system.

2. SAVACCHEDENA (DISSECTION)

By the Savacchedena on Âjna Cakra it has been observed that at the level of medial ends of eye brows in the horizontal plane, lie the structures which are described under the heading limbic system. The structures such as olfactory apparatus, hippocampal formation, and the hypothalamus etc are concerned with the establishment of emotional behaviors. Therefore the limbic system that is the involved structures are only the neurological units which can be considered as representative on Âjna Cakra.

3. CLINICAL STUDY

The clinical study shows that there is definite and positive relationship between different functional values of the structures falling under the heading limbic system and the practice of Dhyana on Âjna Cakra. When the whole process is followed for three months, the pulse rate, the respiratory rate, weight, systolic B.P. Diastolic B.P. were recorded showing decrement in their readings. There was only slight improvement in the intelligence of the individuals.

On the basis of statistical study significant results in all the characteristics reading were obtained. The Dhyana on ÂjnaCakra definitely influenced subjective findings like better sleep, feeling of lightness and the sharpness in the intelligence.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	28
4	[ArtTitle]	***A STUDY OF ASSOCIATION OF MADHUMEHA (DIABETES MELLITUS) WITH KAPHAJ PRAKRITI & /OR MEDA SARA PERSONS***
5	[ArtEqEng]	
6	[NmeScholar]	Devendra Mani Tripathi
7	[NmeGuide]	Dr J.N. Mishra
8	[NmeCoGuide]	Dr R.K. Mishra, Prof J.S. Parashari
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1992
13	[EnNo]	L808688
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	In Ayurvedic literature, the examination of patient is done by certain methods, Dashvidhi Pariksha is one of them. Under Dashvidhi Pariksha Medasara is one of the tools of Ashtasar. The Sara parikshan helps in the assessment of deh bala, dosh bala and tolerance of dose of the medicine, and it also reveals the general condition of the patient which is very important in modern medicine too. The specific point of notice about Medasara Purush is that such persons are very tender in high dose tolerance even if the dose is calculated on the body weight basis. The Lakshan described for Medasara person is as much as similar to certain disease like Madhumeha (DM) etc. Those people look apparently prone to develop such metabolic disorder. Another

fact which stresses the mind is that panch bhautika constitution of "Meda Dhatu" is Jala & Prithvi. This constitution is predominant in Medasara person.

The modern medicine has not observed tissue to tissue assessment of body. Medasara purush has sufficiently been described through obesity but it is beyond help. Since such type of persons are critical in Ayurveda, this analysis draws attention towards, if any, association between Medasara and obesity. Medasara persons are recognized by observing certain characteristics. The modern concept about meda appears to be neutral fat (Triglycerides) which comes under lipid or dispose.

In Ayurvedic system of medicine Prakriti and vikriti (state of health and state of disease) is utmost important for establishing diagnosis of disease. In this way Prakriti has become important factor of reexamination of patient as it is also helpful for assessment of prognosis of the disease.

The Prakriti and sara are the integral part of dash vidhi parikshan (ten fold examination) a systemic methodological approach of Ayurveda for the examination patients. Prakriti is of the paramount importance which stands in top priority and sara (an absolute form of dhatus chakrapani) is thoroughly analyzed in the routine examination.

In context of ek doshaja Prakriti charak has stated that no body accomplishes the vatic, paittik and kaphaj Prakriti, but on the basis of predominance of particular doshas ek doshaja Prakriti is determined. Actually these Prakritis are incriminated as APRAKRISTHA (abnormal).

Charak ahs categorically stated that the administration of Kaph provoking factors in Kaphaj Prakriti persons aggravates the kaph dosha instantaneously, without considerable participation of remaining two doshas vata and pitta. It is also stated that these Prakritis are more vulnerable to their respective ailment which are oftenly grave outcome.

Charak has clearly delineated that Atisthaulya is an ailment of Kaphaj Nanatmaja Vikara (Diseases of Kapha Dosha alone) out of twenty types.

It is well established fact that both Kapha and Meda consist of Jala and Prithvi MAHABHOOTAS which might be implicated as Dosha and Dooshya to produce morbidity owing to its homologous constitution. A salient feature of the obesity and Madhumeha (DM) is unprecedented resemblance of the pathogenesis.

Forty patients of Madhumeha (Diabetes mellitus) irrespective of their type were selected for study and their respective Prakriti and medasaratva were determined. The kaphaj Prakriti and meda sara purush were isolated on the basis of standard proforma. The association between madhumeha (DM) Kaphaj Prakriti and meda sara was statistically evaluated by involving various factors under different observations.

High number of Lakshan of Kaphaj Prakriti and medasara have been found prone to madhumeha (DM) but such type of madhumeha cases have no certainly about the association between Kaphaj Prakriti and meda sara, there appears to be an association between medasara and kaphaj Prakriti but they are correlated to madhumeha (Diabetes mellitus).

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	33
4	[ArtTitle]	***A STUDY OF DAIHIK PRAKRITI WITH SPECIAL REFERENCE TO MEMORY***
5	[ArtEqEng]	
6	[NmeScholar]	Ashok Kumar Shrivastav
7	[NmeGuide]	Dr Y.D. Shukla
8	[NmeCoGuide]	Dr (Smt.) P. Mishra, Dr J.R. Yadav, Dr. (Smt.) S.Mobar
9	[Dept]	Department of Sharira
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1987
13	[EnNo]	L84/MY4
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharira
17	[AnyOther]	
18	[Abst]	The average of L.T.M (Long term memory) in each Prakriti (Male) are Vata Prakriti 20.09, pitta Prakriti 26, kapha Prakriti 23.16, average of female cases in each Prakriti, vata Prakriti 20.58, pitta Prakriti 27.5 and kapha Prakriti 26.6 male and female both of pitta Prakriti is highest and vata Prakriti is lowest. The average of S.T.M (Short term memory) in male each Prakriti are, vata Prakriti 6.1 pitta Prakriti 6.42, and kapha Prakriti 6.4, and average of female S.T.M. in each Prakriti are vata Prakriti 5.94, pitta Prakriti 6.46 and kapha Prakriti 6. According to statistically calculation of the above mentioned mean values of L.T.M. and S.T.M. is it can be safety included that –

(a) L.T.M. means score of male subjects of Kapha Prakriti is greater than Pitta Prakriti, and Pitta Prakriti is greater than Vata Prakriti. Similarly in female L.T.M. of kapha Prakriti is greater than L.T.M. of Pitta Prakriti, Pitta Prakriti is greater than Vata Prakriti and Vata Prakriti is less than Kapha Prakriti.

(b) Short term memory male score of Kapha Prakriti is greater than S.T.M. score of Vata Prakriti, vata Prakriti is greater than S.T.M. of pitta Prakriti, and kapha Prakriti is greater pitta Prakriti. Similarly in female each mean score of kapha Prakriti is greater than pitta Prakriti and kapha Prakriti is greater than pitta Prakriti.

The research work on study was started with the hypothesis laid in accordance to the Ayurvedists concept regarding state of memory in each Prakriti, which mentions that S.T.M. of vata Prakriti persons is greater than all other prakrities viz pitta Prakriti and kapha Prakriti. This statement is verified by the conclusion of the study. Long term memory according to ayurvedists is greater in kapha Prakriti than the persons of all other prakrities viz. pitta Prakriti and vata Prakriti. Fortunately this view of ancient Indian scholars still stands unmoved in light of present research work too.

Application of Ayurvedic concepts in health delivery system of present era is hindered only by the lacunae that no objective parameters are in view for definite identification of Prakriti. It is being tried at the level of P.G. Department of sharir for filling up to these lacunae. As a part of this whole project the present study presents ‘Memory’ as a definite parameter for identifying the Prakriti. Though a lot of research work is still required to be taken up in this direction for more confirmation of the concept laid down by this study.

This study is an attempt to pave the path of achieving the goal of ALMA ATA declaration health for all by 2000 A.P.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	35
4	[ArtTitle]	***A STUDY OF DEHA PRAKRITIES WITH SPECIAL REFERENCE TO BLOOD GROUPS IN WOMEN***
5	[ArtEqEng]	
6	[NmeScholar]	Mrs.Shobha Mobar
7	[NmeGuide]	Prof P.C. Jain
8	[NmeCoGuide]	Dr. Y.Shukla
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1979
13	[EnNo]	AP.1137
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	

18 [Abst]

Coefficient of correlation between each Prakriti and all blood groups is placed in ascending order for the purpose of comparative study.

V	P	K
0.353	0.824	0.94

Inference

Although each Prakriti is correlated positively with the blood groups but from above table we observed that tendency of existence of vataja Prakriti in the blood groups is lesser than pittaja and kaphaja prakrities where probability of existence of kaphaja Prakriti is maximum in the blood groups.

Similarly co-efficient of correlation between each blood group and all prakrities is placed in ascending orders for the purpose of comparative study.

A	B	AB	O
0.920	0.946	0.959	0.998

Inferences

Although each blood group is correlated positively with all the prakrities but the tendency of existence of group O is higher than other groups in all the prakrities.

According to above mentioned inferences obtained we reach to the conclusion that individual Prakriti does not have any relation with individual blood group as all the blood group are prevalent in each prakrities and all prakrities may exist in each blood group but the chances of existence of Kaphaja Prakriti in all the blood groups is more than other Prakrities. This fact can also be seen by observing the first table mentioned in discussion.

Similarly all the blood groups may exist in each Prakriti, but there are fair chances of occurring of the blood groups O and B in all the prakrities. As the correlation co efficient of blood group O comes very near to + 1 which shows there are equal chances of its existence in each Prakriti which is also in support of the natural fact that group O is considered as universal donor.

It has also been observed with the help of above study that blood group O although is found in all the prakrities but is most prevalent in Kaphaja Prakriti which has got more resistance power than the other prakrities. Therefore an inference can be drawn with the above facts that in blood transfusion if O group is proffered of Kaphaja Prakriti persons it will be more acceptable in comparison to vataja and Pittaja Prakriti persons having blood group O. further work is needed in support of individual prakrities having definite relationship with individual blood groups.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	20
4	[ArtTitle]	***A STUDY OF DEHIK PRAKRITIES WITH SPECIAL REFERENCE TO PAIN - THRESHOLD***
5	[ArtEqEng]	
6	[NmeScholar]	Ashok Kumar Gupta
7	[NmeGuide]	Prof. Y.D. Shukla
8	[NmeCoGuide]	Dr. J.R. Yadav
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1985-86
13	[EnNo]	L-83-MY-2
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The conclusion of present study has drawn on the basis of the above said observations and discussions as followed: The average pain threshold in the total number of cases in three different prakrities are as follows:- (1) Vataja Prakriti - 190.45 mm. of Hg. (2) Pittaja Prakriti - 230.8 mm. of Hg. (3) Kaphaja prakriti - 259.94 mm of Hg. Test of significance of difference between mean values of pain threshold in total number of cases in different prakrities are as follows. (1) Vataja & Prakriti - t = 7.15 > pat 0.01 for 83 dt High significant.

(2) Pittaja & Kaphaja - t = 5.58 > pat 0.01 for 83 dt High significant

(3) Kaphaja & Vataja - t = 11.67 > pat 0.01 for 68 dt High significant

It indicates that average pain- threshold of the individuals of Vataja prakriti, pittaja, prakriti and kaphaja prakriti are lowest, moderate (medium) and highest respectively.

Inspite of this, average pain threshold of the individuals of kaphaja prakriti is highest than vataja and pittaja prakriti. Alongwith this 't' value of vataja and pittaja; Vataja and Pittaja prakriti. Along with this 't' value of vataja & pittaja, Pittaja & Kaphaja and kaphja & vataja are more than 'p' value at 0.01 level of highly significance. It means prakriti of the male individuals is also directly related with the pain threshold of the male individuals.

In female the average pain threshold in three different prakrities are as follows.

(1) Vataja Prakriti - 156.00 mm. of Hg.

(2) Pittaja Prakriti - 192.00 mm. of Hg.

(3) Kaphaja Prakriti - 240.00 mm. of Hg.

Test of significance of difference between mean values of pain threshold in female of different parakrities are as follows.

(1) Vataja & Pittaja - t = 6.25 >p at 0.01 for 18 df. Highly significant.

(2) Pittaja & Kaphaja - t = 5.76 >p at 0.01 for 18 df. Highly significant

(3) Kaphaja & Vataja - t = 10.26 >p at 0.01 for 18 df. Highly significant.

It indicates that average pain threshold of the female individuals of vataja prakriti, pittaja prakriti and kaphaja prakriti are lowest, moderate (medium) and highest respectively. In spite of this, the average pain threshold of the female individuals of kaphaja prakriti is highest than vataja and pittaja prakriti. Along with 't' value of vataja & pittaja,

pittaja & kaphaja and kaphaja & vataja are more than 'P' value at 0.01 level of highly significance. It means prakriti of the female individuals is also directly related with the pain threshold of the female individuals.

On the basis of above obtained results, we reach to the conclusion that individuals of kaphaja prakriti have more pain threshold, because their pain threshold is highest in value & statistically highly significant in comparison to individuals of other prakrities. Similarly individuals of pittaja prakriti have moderate (medium) pain threshold, because their pain threshold is of medium value and statistically highly significant than individuals of other prakrities. Individuals of vataja prakriti have less pain threshold, because their pain threshold is lowest in value and statistically highly significant in comparison to individuals of other prakrities.

Similarly in the case of male and female, we reach to the conclusion that individuals of kaphaja prakriti of both sex have more pain threshold, because their pain threshold are highest in value and statistically also highly significant than individuals of other prakrities. Individuals of pittaja prakriti of both sex have medium pain threshold, because their pain threshold are moderate in value and statistically highly significant than individuals of other prakrities. Similarly the individuals of vataja prakriti of both sex have less pain threshold, because their pain threshold are lowest in value and statistically are highly significant in comparison to individuals of other prakrities.

Means there is definite positive relationship between the individuals of different prakrities and pain threshold.

This study verifies the declaration of ayurvedists in symptoms of different prakrities about the definite correlation ship the prakrities and pain threshold.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	50
4	[ArtTitle]	*A STUDY OF FUNCTIONAL VARIATIONS OF THE LIVER IN SOME PAITTIK DISEASES*
5	[ArtEqEng]	
6	[NmeScholar]	Dr. S.A. Narayana
7	[NmeGuide]	Prof. Y.D. Shukla
8	[NmeCoGuide]	Dr. J.R. Yadav
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1984
13	[EnNo]	L/A/81253
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	It is observed that the PITTADOSHA is related to liver. In the sense of all types of PAITTIC functions are more resembling to hepatic functions. All the enzymatic and hormonal activities like living processes and digestive functions are operated by the liver in the living body. Ayurvedic scholars have described that PAITTIC complex is only factor responsible for all types of AGNIKARMAS including digestive, assimilative and metabolic functions. These functions of Pitta have been termed as PACHANA, DAHANA, RANJANA, RUPADARSHANA and BRAJANA. In other words, PITTA is generally concerned with the splitting of the ingested four fold AHARA, this process is termed as PAKA then it is transformed the AHARA into two stages viz. PARAVRITTI and PARINAMANA. Essentially, one of the

PAITTIC group might be playing an active role in the formation of different kinds of pigments related to the RANJAKAKADRAVYA which are responsible for providing characteristic color and specific functions to RAKTA. All these observations give inference that the function principle PITTA is closely related to the liver. The same idea had indirectly supported by the experimental data postulated by genious biochemists.

Thus, the liver is the special seat of PITTA, mainly RANJAKAPITTA but these theoretical explanations have not been experimentally proved and also no statistical validation was available for proper understanding of these theories. To evaluate an accurate picture pertaining to PAITTIC pathogenesis and its relationship with the liver. The present work was conducted and this clinical experimentation was done, through these observations and discussion of the clinical data can give a virtual conclusion that the liver is the definite seat of PAITTIK COMPLEX. Other favorable findings are given below:

1. All the paittic diseases mainly PEETANETRATA, PEETAMOOTRATA have shown definite functional variations of the liver. In these two specific disorders, most of the liver function tests were deranged from their normal range.

TABLE NO. 56 SHOWING THE ROLE OF L.F.T. IN SOME PAITTIK DISEASES

Sl. No.	Nature of the specific disease	serum bilirubin	Venderbergh reaction	S.A.P.	SGPT	Thymol	Turbidity
1.	Peeta Mootrata (30) (Yellow coloration of Urine)	25	15	10	10	15	15
2.	Peeta Mootrata (16)	15	10	5	10	5	10
3.	Jwara (fever) (30)	18	15	15	10	6	28
4.	Raktapitta (9)	8	6	3	1	2	4
5.	Kamala (30)	20	10	2	11	15	4

According to these observations, it shows that the liver must be deranged in PAITTIC diseases. Thus correlation ship of L.F.T. and PITTA in PAITTIC diseases was confirmed.

2. The statistical variation also high supports the sensible theory pertaining to PITTA.
3. The morbid state of PITTA DOSHA gives rise to PAKA or inflammation in the liver.
4. The Null's hypothesis is also showing morbid PITTA causes liver dysfunction by its negative rejection.
5. Thus, these selected diseases occur due to derangement of liver by the active initiation of RANJAKA GROUP OF PITTA only.

That is why; the seat of RANJAKA PITTA in the liver is verified. This valid work also establishes that, in these diseases most of the substances like iron, globulin, B12 folic Acid etc. are depressed in their process of metabolism and synthesis of phorphyrin was also deranged. Thus hemoglobin formation was simultaneously depressed. This is also a significant evidence to confirm the hypothesis of Ayurvedist regarding the vital role of the liver in hemopoiesis not only in foetal life but also till the end of life process.

As this Research work is purely time bounded, so number of cases were not sufficient to evaluate the significance about other PAITTIC groups. This provides a footing for further inspirative probe in the subject.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	*A STUDY OF KARMA PURUSHA WITH SPECIAL REFERENCE TO TRIGUNA SIDDHANT*
5	[ArtEqEng]	
6	[NmeScholar]	KULKARNI H. N.
7	[NmeGuide]	PROF. DR. U. S. KULKARNI
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	LITERATURE RESEARCH
18	[AnyOther]	
19	[Abst]	

Key words: Karmapurusha, Triguna.

Background and Aims:

Understanding the relation between Karmapurusha and Trigunas is essential while treating the patient. To study the concept of Karmapurusha & Trigunâs and to apply these concepts in development of Úarîra. To access the level of Trigunâs in normal and diseased individuals. Main objective of the study is why this aspect of Karmapurusha and Trigunâs are necessary in Úarîra Rachana.

Methodology:

Literary study:

- The concepts of Karmapurusha & Trigunâs are compiled. And they are analyzed and applied in development of Shareer.

Survey study:

- A questionnaire in relation to Trigunâs was given to 30 healthy individuals and status of Trigunâs was accessed in them.

- Same questionnaire was given to 30 diseased individuals and status of Trigunâs was assessed in them.

Results:

Concepts of Karmapurusha and Trigunâs were used as base to explain development of Úarîra. Satva dominated people are healthier, compared to Rajas and Tamas.□□

Interpretation:

All the Srishti Utpatti Krama in our treatises and Modern theories regarding the literature when accessed individually converge to a point known as Karmapurusha. I.e. Karmapurusha in Srishti is final product of the Srishti Utpatti Krama, which are all the living species of the universe. The Karmapurusha with Satva dominance is healthier than those with dominance of Rajas and Tamas. & dominance of Rajas and Tamas leads towards diseases. That's why Karmapurusha has been given the synonym of ***Chikitsâdhikruta Purusha.***

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	58
4	[ArtTitle]	***A STUDY OF MANIPURA CAKRA ON NEUROLOGICAL BASIS***
5	[ArtEqEng]	
6	[NmeScholar]	Suresh Chandra
7	[NmeGuide]	Prof. D.G. Thatte
8	[NmeCoGuide]	Dr. J.S. Parashari
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1983
13	[EnNo]	B.V.36
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	

The conclusions drawn after understanding researches on various headings, can be described as:-

(1) Critical study.

(2) Savacchedama (Dissection)

(3) Clinical study.

(1) CRITICAL STUDY

The gross structure in the abdomen representing the MANIPURA CAKRA is celiac plexus, because the location of MANIPURA CAKRA is described as NABHI, which is seat of AGNI and SAMANA VAYU. AGNI and SAMANA VAYU are mainly responsible for the proper digestion of AGNI IN SAMYAVASTHA (normal stage). The celiac plexus which includes the nerve fibers of sympathetic and parasympathetic supply it's branches through secondary plexuses to different parts of MAHASROTASA (Gastrointestinal tract). Both the systems have their specific influence on many gastrointestinal glands. The practice of DHYANA on MANIPURA CAKHA controls the Para sympathetic and sympathetic systems through their stimulator and inhibitory action. The parasympathetic converse fibers stimulate the glands resulting in copious quantity of secretions. These secretions help in the PAKA (digestion) and DHATU PAKA (metabolism) of AHARA (food). Thus the results obtained through practice of DHYANA on MANIPURA CAKRA. Resembles with the functions of the celiac plexus.

SAVACCHEDANA (Dissection)

By the SAVACCHEDANA (Dissection) for MANIPURA CAKRA, it has been observed that at the level of NABHI (umbilicus) i.e. between the disc of the third and fourth lumbar vertebra, in posterior abdominal wall lies inferior mesenteric plexus which is formed chiefly from the aortic plexus (secondary plexus of celiac plexus) and the second, third lumbar splanchnic nerves. In a circular area around the NABHI (UMBILICUS), the celiac plexus with its secondary plexuses is situated. The celiac plexus and its secondary plexuses chiefly supply branches to the main parts of the gastrointestinal tract and associated with the process of digestion. Therefore the celiac plexus is only the neurological structure which can be taken as representative of MANIPURA CAKRA.

(2) CLINICAL STUDY:

The clinical study shows that there is definite and positive relationship between different functional values 0f body and the practice of DHYANA on MANIPURA CHAKRA. When whole process is followed for three months, the pulse rate, respiratory rate, weight, systolic blood pressure, diastolic blood pressure, hemoglobin, fasting blood sugar and serum cholesterol were recorded. These values are statistically studies. After the statistical study the significant results are obtained in all characteristic readings.

DHYANA on MANIPURA CHAKRA definitely influences the subjective findings like a appetite, digestion, sleep, smartness and memory.

Therefore, it Is verified that practice of KHYANA on MANIPURA CHKRA certainly affects the different body functions through increase and decrease in characteristic values of body.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	73
4	[ArtTitle]	***A STUDY OF MARMA WITH SPECIAL REFERENCE TO SPORTS INJURIES***
5	[ArtEqEng]	
6	[NmeScholar]	Sushil Kumar Dwivedi
7	[NmeGuide]	Dr. J.N. Mishra
8	[NmeCoGuide]	Dr. M.P. Pandey
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1994
13	[EnNo]	AY/92/1
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Marma is one of the most recognized subjects of Ayurveda. Charaka has stressed on Tri-Marmas. Even the modern science recognize it by stressing on the regular neurological, nephrological and cardiac assessment of the diseased which is equivalent to Shir-Hridaya and Vasti mentioned by Charaka. Sushruta's observations are more in relation to surgical assessment than clinical assessment. No wonder he has mentioned 107 Marmas giving clinical features associated with their trauma. All the Marmas have been divided into various groups on the basis of constitution, region and prognosis etc. givint particular importance to Sira-Marmas nevertheless marmas are confluence of Maans, Sira, Snayu, Asthi and Sandhi. As far as sports injuries are concerned they are just like other

injuries only difference is that such injuries are sustained while involved in sports and every sports has its own pattern of injuries.

Range of damage in sports injury is from minor soft tissue laceration to injury to major vital organs. In many sports particularly martial arts certain weak points of the body are exploited by targeting the blows on those points.

This study was initiated to find an association of the Marmas with the vital points mentioned in martial art. This study comprise of certain important aspects like: verification of anatomy, traumatic effect and structural status of Marma, finding the criteria for determination of intensity of traumatic force capable of effecting Marma and thus introduction of experimental study in Marma Vigyan, and to assess contribution of sports injuries to Marma Vigyan.

This work was done in two stages. In first stage, collection of literature regarding injuries of football, rugby, cricket, hockey, golf, squash, athletics, gymnastics, boxing, machine racing, mountaineering, gliding was done. In second stage collection of literature of martial art was done. The similarities and dissimilarities have been discussed.

Origin of Judo, Karate, Kungfu and Taekwondo has also been traced. In discussion part those sites of injuries, which are common in Marma-Vigyan and sports injuries have been discussed. Such places in head region are apanga, fana and Shankha; in neck krikatika; in thorax, Apstambha; in back Parshvasandhi; in extremities Gulf (Manibandha) and Janu (Kurpar).

The important sites of martial arts like; top of the head, below the ear, centre of the forehead, between the eyes, temple, below the eyes, under the lower lip, point of chin, above the eyes, middle of the ear, between the nose and upper lip, jaws, back of the neck, side of the neck, front of the neck, above collar bone, sternum, armpit area, below breast, abdomen, genitals, groin region, front of the thigh, knee joint, back of the knee, shin, foot region, heal, instep, base of the big toe, base of the little toe. These have been discussed on the basis of interview with two persons namely J.R. Jagtiani and W. A. Jilani, who are renowned in this field world wide.

It was found that many masmas like apanga, fana, shankha, krakatika, apstambha, parshva-sandhi, janu and gulf are very well supported by the sports injuries.

Martial arts in fact not only support the marmas mentioned in Ayurvedic literature but also open new areas of discussion for the Marma point of view.

Over all this study opens new dimensions for the vulnerable points which have not been described in Marma Vigyan but they come across in sports injuries very commonly. These are good scope for comparison of different grades of injuries with respect to mortality and morbidity of Marmas. The martial art has given criteria to marma for determination of different intensities of force which may facilitate the study of a Marma with respect to intensity.

Present study is preliminary survey of literature as to examine further prospects of research of Marma Vigyan through sports injuries.

...

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	65
4	[ArtTitle]	***A STUDY OF RAKTA SARA PURUSHA WITH SPECIAL REFERENCE TO OBJECTIVE CRITERIA OF COLOUR INDEX FOR ITS IDENTIFICATION***
5	[ArtEqEng]	
6	[NmeScholar]	Mahendra Prasad Pandey
7	[NmeGuide]	Dr. J.S. Parashari, Shastri
8	[NmeCoGuide]	Dr. J.N. Mishra
9	[Dept]	Department of Sharira
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1988
13	[EnNo]	L-777523
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	

18 [Abst]

The signs of Rakta Sara Purusha as mentioned in classics have been correlated with the objective as well as physiological properties like hemoglobin percentage and R.B.C. count. The higher RBC count and hemoglobin percentage are the index of high quality of blood. The higher side of normal body temperature within the normal health shows better R.B.C. count and hemoglobin percentage. The higher level of normal body temperature has high probability of Rakta Sara Purusha.

The pinkish color of the nails, with the RBC count (5.27) and above and 15.16 gm% hemoglobin and above has very high probability of Rakta sara purusha.

The pinkish color of the nails, the higher level of normal body temperature with hemoglobin percentage in the range of 15-

16 gm% and the RBC count have the maximum probability of rakta sara purusha. In other words the pinkish color of the nails and the high side of normal body temperature has correlation ship with higher hemoglobin percentage and RBC count.

The color index has failed to choose rakta sara purusha.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	79
4	[ArtTitle]	*A STUDY OF RUJAKAR MARMA WITH REFERENCE TO PAIN THRESHOLD*
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Shobha Benjwal
7	[NmeGuide]	Dr. J.N. Pandey
8	[NmeCoGuide]	Dr. J.N. Mishra, Dr. A.K. Garg
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	2002
13	[EnNo]	L-AY/175/2000
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	

18 [Abst]

The present research work was conducted on the healthy volunteers selected from Indra Gandhi Girls Hostel and P.G. Hostel of State Ayurvedic college, Lucknow, some of the observations have been made by herself at neighborhood. Total 67 cases were registered but only first 60 cases were taken into account for observations. The necessary information was recorded in the proforma attached in the annexure. Pain threshold was taken 3 times at each place 4 at the Rujakar marma, out of total 60 cases 26 (43.33%) were male while 34 (56.67%) were females. Further, it was observed that age does not have univalent influence on the pain threshold. Similarly, weight of a person also does not have any obvious relation with the pain threshold.

Average pain threshold sex wise was higher in females 129.38

mm Hg than males 118.68 mm Hg at Rujakar mamra sites. Among the four Rujakar marma sites namely Manibandha, Gulf and Kurchashira marmas, the pain threshold was highest with a mean value of 190.36 mm Hg, followed by 170.65 mm Hg at Kurchashira marma of lower extremity and 151.71 mm Hg at Gulfa marma. It was lowest at Kurchashira marma of upper extremity with an average value of 103.27 mm Hg. Pain threshold in control site was found lower than that at Rujakar marma sites. The difference observed them was statistically significant.

In discussing the pattern of pain threshold at Rujakar Marma sthals, it was found that these are structurally rich in particular ligament, joint complexes and tendons enclosed in synovial sheaths. It is important to mention here that articular ligament and blood vessels of synovial sheaths are rich in joint receptors which have a high pain threshold and neurotendinous organs also is of high pain threshold. Therefore high pain threshold was observed at the sites of Rujakar marmas.

Further the school of Sushruta probably has appreciated the specialized phenomena of sclerotogenous type of nociceptive pain. Control site having rich in muscular tissue which are definitely having lesser pain threshold as compared to Rujakar shtals. Further, it is appreciated that the Rujakar marma have high pain threshold so there may be chances of greater tissue damage before the perception of pain and its response to withdraw the stimulus. So marmas have to be protected concerning tissue damage e.g. the person having diabetes mellitus have to be specially taken care of, because of increased pain threshold in them result in great damage to myocardium before the chest pain appreciated by him.

It is evident that the tendons, ligaments, disc, periosteum, apophyseal joint complexes are the various types of sclerotogenous tissues having high threshold pain receptors of nociceptive type.

Gulfa and Manibandha are rich in joint complexes along with ligaments and Kurchashira consisting largely of tendons, definitely belongs to the sclerotogenous tissue.

The observation of Sushruta regarding Rujakar marma further draws the attention towards an inquiry regarding the variation in a density of nociceptive receptors in different Rujakar marmas and the pattern of pain threshold observed in different Rujakar marma in the present research work.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	40
4	[ArtTitle]	***A STUDY OF SANDHI MARMA (JANUMARMA) WITH REFERENCE TO INTENSITY AND MODE OF TRAUMA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Usha Raipa
7	[NmeGuide]	Dr. M.P. Pandey
8	[NmeCoGuide]	Dr. J.N. Mishra, Dr. P.S. Shukla
9	[Dept]	Department of Rachna Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	2002
13	[EnNo]	L-AY-67/95
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Rachna Sharir
17	[AnyOther]	
18	[Abst]	This work is undertaken to study the result of trauma and explore out intensity of trauma on Janu Marma described in Sushrut, which on the basis of prognosis is a vaikalyakar marma producing vikalta (deformity) in form of Khanjata (limping). The chief aim and object of this work is to decide the grade and score of trauma based on modern techniques i.e. E.M.V. scale, Revised trauma score and also to find out intensity of trauma and its prognostic value as mentioned in different type of tissue injury. For the purpose of examination fifty patients were chosen from K.G.M.C. and Balrampur hospital lucknow. The patients were analyzed and on the basis of master chart drawn, statistical

data was obtained. And help of classical Ayurvedic books and modern medical science, especially applied surgery and different medical journals were consulted. For the study prime focus is given on civil wounds such as major road, train, industrial accidents and farmers working in field. For studying trauma severity Glasgow coma scale is used to measure the level of consciousness. The data obtained is expressed in detailed from in E.M.V. scoring. The Revised trauma score ahs also been applied on the mathematical calculation correlating mortality. High score equates better prognosis. The study has provided the primary survey of literature as to examine result from Marma Vigyan related injury on 'Janu Marma' through the injuries like sports, accidents. Result as a whole depends on the degree of severity but the traumatic results depend on the type of injury degree of impacting force, site and structure involved. The classical literature of Ayurveda tells literary results. Acharya Sushrut said that the regional anatomy of the Janu Marma is very sensitive. Any injury on Janu produces rapid traumatic results especially in form of khanjata (Limping) which can not be removed even with immediate medical or surgical care.

In the study we have discussed the Janu Marma with reference to intensity and mode of trauma, depth, length, direction and breadth and others on marmasthal in present scenario. The intensity and force of trauma, their prognostic importance, lifespan and surgical wound on the Janu Marma have their own impact. Surgical wound on Janu Marma provided an opportunity to come across the vulnerable structures while literary results provided clinical value and way to the study of Marma. The E.M.V. scale and revised trauma score have given criteria to janu marma injuries for determination of intensity of trauma, its prognostic status, mode, site, length, depth and direction etc., which facilitate the study of trauma on Janu Marma.

On the basis of observation drawn by studying fifty cases of the knee injury at various hospitals inference in obtained which can be summed as; the trauma on Janu Marma is more in age group 21-30 years and the percentage decreases with the age, as this age group in more involved in sport, driving recklessly, in outdoor activities. The accidents are more common in service class and small businessmen which usually move on two wheelers and more susceptible to the roadside accidents, rough driving. The injury is common in both the Hindus and Muslims while it is more common in males as compared to females as males are involved in outdoor activities. The right knee is more prone towards injury as it is more active site of the body and is used frequently in activities e.g. to kick start a bike, also due to left hand driving system in country which makes the right side more susceptible to be injured in head on accidents. The accidents now a days comprise major portion of injury to the knee in comparison to playing, fighting, falling, in modern day with invention of new vehicles as cars, buses, trucks, two wheelers over the bullock cart or horse riding of past the cases of accidents has increased and also the intensity of the impact has increased causing deep injury to Mamsa, Sira Snayu, Asthi and Sandhi of the above vehicles two wheelers are the most common cause of knee injury as on sitting on a bike the knee is in flexed position and is facing forward therefore making the knee joint a vulnerable point. In the direct injuries more damage to the knee joint is found as compared to the indirect, usually causing stains of the ligaments. The cases of knee joint injury age generally of severe type or of moderate type. The severe injury is usually caused by greater force of impact destroying Mamsa-Sira-Snayu-Asthi and Sandhi causing osteogenic destruction neurological deficit, pain and restriction of movement with instability of joint. As the causes of direct trauma are more over indirect trauma, the injury was found to be generally in form of contusion of knee over the lacerated cases and crush injury.

The force of impact on knee causes damage to the underlying vessels and knee being a solid structure i.e. not having much flesh on it doesn't lacerate easily. The extravasations of blood cause swelling of the joint and this is frequently seen. The injury causes Khanjata (limping) chiefly followed by pain, swelling, and instability. The main cause of limping is damage to the ligament leading disalignment of articular surface, if fractured. The period of recovery was found to be 8.27 weeks (mean) which signifies the importance of an injury to the Janu Marma. The wound size in reference to mean length (4.52 cm), width (3.37 cm) and depth (0.43 cm) provided correct measure to evaluate the amount of force and intensity of trauma on Janu marma. The observations, which were evaluated on E.M.V. scale, showed that higher the intensity of trauma higher was the severity on Janu Marma. The Revised trauma score provided other criteria to evaluate the intensity of trauma. The respiratory rate was found higher in the cases of injury. The higher respiratory rate confirms the respiratory distress leading to changes in haemopulmoneumodynamics. This confirms that 'Vyan Vata' too gets vitiated. The prognosis of the injury caused neurological deficit and effected the upper end of muscle the prognosis was not good. Most of cases of injury cased the wasting of the quadriceps cause of limping and damage of ligaments in spite of repair produced instability of the joints.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	55
4	[ArtTitle]	***A STUDY OF STRI VANDHYATVA WITH SPECIAL REFERENCE TO ANATOMICAL ANOMALIES & DAHIR PRAKRTIS***
5	[ArtEqEng]	
6	[NmeScholar]	Deepa Agarwal
7	[NmeGuide]	Dr. J.N. Misra
8	[NmeCoGuide]	Vaidya D.N. Misra
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	2001
13	[EnNo]	L-AY-11/95
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	

18 [Abst]

Stree Vandhyatva is a social stigma from Vedic – Kala till today. Though both the partners are responsible for infertility, the society blames only the females.

In Ayurvedic literature so many detailed descriptions of Vandhyatva are available in direct or indirect references but there is a lot of difference in the definitions of infertility in the present era. In the ancient time if there is no male issue or incidence of abortion and still birth are included under the heading of Vandhyatva, but in the present era inability to conceive after one year of a normal married life is known as infertility. I think this difference is an indication of those days' social stigma and importance of male issues.

There are number of references available in the Vedic

Literature which indicates about the knowledge of female genital tract in those days like Bhasad, Bhaga, upastha, Yoni, Kostha, Muskha, Gavini, etc.

In Ayurvedic Literature short essential anatomical description of female genital tract is available with a description of sroni, types of bones and joints, Bhaga, Yoni, Garbhasaya, Artava vaha srotus, Sirayen and marmas which are almost similar to the modern knowledge of anatomy though it is very short. Physiology of female genital tract is also described as Ritukala, Kshetra, Ambu and Beeja. For the normal physiological action it is essential that these factors must act normally. When these factors are abnormal it leads to Vandhyatva.

There are many references of etiological factors available in the Ayurvedic Classics, with difference in the opinion of Acharyas about the etiology and classification. After detailed study of all these references we conclude it as given in Table no. 2 Chart No. 1 in literary review.

During the study we also observe about the various causes of female infertility which can be easily divided into anatomical and physio pathological groups.

Any anatomical fault in female genital tract can produce infertility.

Prakriti is a psychosomatic constitution and is determined once in intrauterine life after sukra sonata samyoga. Caraka has also established the relation between prakriti and fertility eg. Kapha prakriti person has high fertility rate while persons of Vata correlate with the textual observation viz. vatapitta cases are predominant in our study i.e. prakriti have alpa sukra or sukra dusti leads to infertility. Our observations correlate with the textual observations viz. vatapitta cases are predominant in our study i.e. 14 cases approximately 70% followed by 20% cases of Vatakapha predominant prakriti it is found that most of the cases of Vandhyatva will be diagnosed under the age of 21 – 30 yrs as in primary infertility. We also observed that educational and occupational status has no specific effect on female infertility.

Finally we concluded that in our study 40% cases are of uterine anomalies followed by ovarian and tubal anomalies and females of Vatik prakritis are maximum i.e. approximately 80%, which resembles the ancient literature that vata is the main culprit for infertility and uterine and ovarian anomalies are common.

Thus there is a need for further studies on a larger series of patients to establish the relation between daihika prakrits, anatomical anomalies and infertility.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	78
4	[ArtTitle]	***A SURGICO ANATOMICAL STUDY OF SNAYU MARMA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Arvind Kumar
7	[NmeGuide]	Dr. A.K. Garg
8	[NmeCoGuide]	Dr. J.N. Mishra, Dr. M.P. Pandey
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	2001
13	[EnNo]	L-AY. 103/98
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	

INFERENCE

1. The Snayu marma is more susceptible to injury among Twenties, which is the most favourable time of activity due to various reasons.
2. The incidence of snayu marma injury is more frequent in male as compare to female.
3. The religional distribution of Snayu marma injury cases have no significance which further means it does not respect any religion.
4. The occupation has been found associated with the Snayu marma injury is remarkable among students and next in business class and housewife.

5. The direct trauma to Snayu marma is more relevant than the indirect trauma.
6. The respiratory distress in Snayu marma injury has been found without any relevancy but in few cases it was high grade respiratory distress endangering life.
7. Snayu marma injury has been found more susceptible to accident in present study, fighting and falling are next to it.
8. Ani Snayu marma was found at highest incidence for exposer to injury. Vidhur, Utkshep and Kurch are in follow up but rate of incidence was quite high as compare to next three Snayu marma.
9. Thorax usually escape so for as Snayu Marma is concerned but upper extremities as compare to lower extremities have higher rate of incidence.
10. The rate of incidence of Kurch marma in upper extremities bears the brunt of share.
11. The Snayu marmas of right side of the body were found frequently involved in comparison to left side.
12. Snayu marmas of Vaikalyakar variety are found exposed to injury at very high rate.
13. Contusion and laceration are found in a highest frequency.
14. Severe injury so for as the force of injury is concerned has chances to skip the snayu marma but mild and moderate injuries have pretty good affinity to involve snayu marma.
15. Swelling and pain are two important observations which are prominent in Ani Snayu marma; vidhur is more prone to disability; Utkshep leads to commonly pain and swelling; Andha marma is significant as regard to pain and swelling kakshadhar is prone to disability; kurch lead to pain, tremor and rotational deformity; while kurchshir belongs to pain, swelling and disability; Vitap has specifically pain; Vasti is pertaining to pain, haemorrhage and death.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	31
4	[ArtTitle]	*A SURVEY STUDY OF LUNAR INFLUENCE ON THE SEX AT THE TIME OF FERTILIZATION*
5	[ArtEqEng]	
6	[NmeScholar]	Reena Khandelwal
7	[NmeGuide]	Dr. J.N. Mishra
8	[NmeCoGuide]	Prof J.S. Parashari, Dr (Smt.) Shail Kumari
9	[Dept]	Department of Sharira
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1991
13	[EnNo]	L81/9194
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharira
17	[AnyOther]	

18 [Abst]

Determination of sex during intrauterine life has been fascinating the entire world. Many workers tried to evolve various methods to predetermine the sex of future issue.

Sex of a birth is determined at the time of fertilization. Primary sex of the child depends upon the potentiality of X or Y chromosomes present in the semen.

Sex differentiation is a complex process influenced by genetic, behavioral and hormonal factors (Dawn. C.S.) The role of androgens in post foetal sex development has been established in animals (Guyton, A.C. 1971).

According to the theory of bar body (Moore, K.L. 1966) in determination of sex, the presence or absence of it is a clear cut indication for a female or male child respectively.

According to the recent concept of testis determining factor

(TDF), infant's sex seems to be fixed by this single gene. The presence of TDF glue appear in the 7th week of embryonic growth to launch a process that leads to male sexual development, without it the foetus will be female (page David, 1988).

In Vedic literature as well as in Ayurvedic classics the details about the recognition of sex, the influence of time factor on it and desire to have male or female child are found.

Alteration of sex after conception is also reported in Indian classical literature.

It is believed that the sex hormone cycle appears to be directly associated with the position of moon and follows a tidal relation ship (Sharma. D.N. et al. 1977). A Swiss statistician's concept coincides with the previous work. Many biologists have observed that the male births are more influenced by the sun and female births by the moon. (D. astrobiology by K.E. Kraft). A close relationship between sex and the position of moon at the time of gestation has been also observed. (Mishra, J.N. et. Al. 1983).

The relation between sex and position of Moon with different planets also available in Astrological literature like Vrihajjatak, Laghujatak Jatak Parijata etc. Astrologers believe that the sun and moon play vital role in influencing the sex.

This study is based on above said Astrological and other supporting Ayurvedic hypothesizes. For this purpose, the expectant mothers as well as PNC mothers were registered from different hospitals from Lucknow and they were studied from various angles. All the cases were grouped under three sex bands viz. male sex band (5 days after full moon) and unpredicted band (days in between these two bands). The date of fertilization was calculated by 13 days from each cycle (former and later). The delivery results of new born were matched within the groups of sex bank from prediction chart.

In this study fertilization taken place in the prelunar and post lunar bands were found prone to female sex and male sex births respectively. This concludes that there is definite association between prelunar band and female sex and postlunar band and male sex.

The various other factors such as religion, occupation, economic status, parity have no influence on the sex of the births. It is found that rural mothers were prone to produce comparatively more male children. No particular group of mothers falling for menstrual periods and expected date of fertilization under any calendar month has shown any sort of remarkable impact on sex of the birth.

The statistical evaluation which is highly significant indicates that survey report may be valued for the further investigation with more deep assessment for searching the influencing factors for this variation.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	39
4	[ArtTitle]	*A THERAPEUTIC REVIEW OF SIRAVEDHA ON MODERN PARAMETERS WITH SPECIAL REFERENCE TO GRIDHRASI*
5	[ArtEqEng]	
6	[NmeScholar]	Dr (Ms) Usha Dutt
7	[NmeGuide]	Prof Y.D. Shukla
8	[NmeCoGuide]	Dr J.N. Mishra
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1988
13	[EnNo]	L 85/MY.141
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	SIRAVEDHA is half a treatment for VATAJ VYADHI described by Ayurvedists. It is indicated in therapeutic as well as prophylaxis. Charaka, Sushruta and Vagabhat have described it in various ailments. Prophylactic us in various diseases i.e. TWAKA DOSHA, GRANTHI, SHOPHA, GRIDHRASI, VISHVACHI and RAKTAPITTA etc by SIRAVEDHA one of the aims of schools of Sushruta. The commonest method was as follows – the patient is given YAVAGU (gruel) before the operation. Then the patient should be duly SWEDIT (fomented) and SNEHIT (anointed) with oily preparation. The part to be incised upon should be bound (tourniquet) by adequate means the purpose of rising up of a SIRA (vein). An incision is made with VRIHIMUKHA or

KUTHARIKA (instruments) to the required depth. In a well and successful pierced vein vitiated blood is seen first to flow out and spontaneous stops after a MUHURTA (a little while). Maximum amount of blood to be let out is 13 and half PALAS which is followed by feeling of lightness and lessening of pain the affected part.

GRIDHRASI is a common clinical ailment described in Ayurvedic literature under the head of VATAJ VYADHI with a classical symptom complex i.e. pain of typical nature beginning from lunbar region, gluteal region, the leg respectively. There are two types of GRIDHRASI VATAJ and VATAJ SHLESHMAJ. SIRAVEDHA is one of the specific management for GRIDHRASI ROGA described by Ayurvedists which is four fingers above or below the JANU (KNEE JOINT).

Sciatica is a condition where pain in the distribution of sciatic nerve or its branches is experienced. There may be direct nerve injury or mechanical pressure on nerves or roots. In some of the new medical books such as a Harrisons, Cecil and stephens etc. The indication of phlebotomy is there in corpulmonale, polycythemia avera sideoblastic anaemia, photodermitities, vertigo, mental torpor, weakness and pain in muscles, bones and joints etc. The withdrawal of blood is indicated to 20-30 ounc.

The method of SIRAVEDHA as described by Ayurvedists in classical literature was crud3e which either allows over letting or under letting of blood. In this study the SIRAVEDHA was done by 20 no. needle and 50 cc. record syringes to over come the problem.

It was also not mentioned how the disease of KAND UPDHATU of MANSA DHATU overcomes the problem of GRIDHRA it was also not given that the therapy which enhances the VATA DOSHA cures the disease of VTAJ VYADHI i.e. GRIDHRA SIRAVEDHA is a SANSHODHAN CHIKITSA in which the aggravated VATA is reduced by RAKTAMOKSHAN which flows out with KANDRA UPDHATU and MANSA DHATU are nourished or vitiate by RAKTA. So the VATA DOSHA of RAKTA vitiates KANDRA too and its purification purifies KANDRA too.

The exact site was also not described in the classical literature. They mentioned that the SIRA should be pierced four fingers above or below JANU in GRIDHRASI. In this study the superficial veins i.e. small and great saphenous vein is pierced.

The patients were put under four groups in this study.

GROUP A - Receiving only placebo (Vit C 100 mg) for a week.

GROUP B - Receiving placebo with (x) known treatment

GROUP C - SIRAVEDHA four fingers below JANU.

GROUP D - SIRAVEDHA four fingers above JANU.

The selection was according to the symptoms of GRIDHRASI described by Sushruta, Madav Nidan and Vagtabha irrespective of modern pathogenesis. Three clinical test straight leg raising test (S.L.R. TEST), Lumbo Sacral Tend ness Test (L.S.T. TEST) and Thumping Head Test (T.H.TEST) were also done to elicit the bony lesion type of GRIDHRA investigations were also done to rule out any other pathogenesis.

The patients were put under three categories according to the result of SIRAVEDHA on GRIDHRASI.

1. CURED - Where all symptoms disappear and do not return for three months.
2. RELIEVED - Relief in the symptoms but reappeared within 3 months after two sittings.
3. UNCHANGED – Where there was no change or reappear within a week.

The cases were followed for three months.

The study was carried out on 50 cases, 40 were males and 10 females. GRIDHRASI ROGA has been found predominant in male sex with the possible reason of the occupation of agriculture, who are mostly illiterate persons and prone towards this disease. The severity of the case was observed by the symptoms TODAN, BHDAN, KAMPAN, SHURAN and VIKIRAN and general symptoms GAURAV, TANDRA, LALASHRAV BHAKTADWESH. The study showed higher cure rate in Non lesion of GRIDHRASI whereas Bony pathology GRIDHRASI was at much lower level. SIRAVEDHA in VATA SHLESHMAJ GRIDH was not successful to the extent of VATAJ variety. The volume of blood to be let out according to age, sex, severity and variety had very low variation which external from 40 ml. to 60 ml.

The definite amount of blood letting was ascertain according to the age and disease which as 40 ml. to 60 ml to attain the optimum results. The GRIDHRASI ROGA which prevalent in males and illiterate labors, farmers predominates because of prolonged sitting or trauma or continuous strain to the lumbo sacral vertebrae. Non bony pathological GRIDHRASI has higher cure rate than Bony pathological GRIDHRASI.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***THE PRESENT DAY STATUS OF AIR POLLUTION AND ITS EFFECT ON PRANAVAHA SROTAS***
5	[ArtEqEng]	
6	[NmeScholar]	Dhanorkar A
7	[NmeGuide]	DR Kavita Indapurkar
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPARTMENT OF SHARIR KRIYA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2006-07
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Fundamental Research
18	[AnyOther]	
19	[Abst]	***Background and Aim:*** Aim of the dissertation is to see the effect of air pollution on the functional capacity of the respiratory system.. ***Methodology:*** The present project was done in three parts. Study of air pollution literary. Study of air pollution with the help of modern scientific instrument low volume sampler. Effect of air pollution on functional capacity of respiratory system with MVV with the help of Spiro meter 1] Literary study: Air pollution Ayurvedic and Modern view. Pranavaha Srotas, respiratory system- MVV. Ayurvedic remedies were studied. Reference in Ayurvedic text about air

pollution was studied.

2] Practical study: By using Spiro meter graphs of 42 students were taken to calculate MVV and comparison of level of pollution with MVV was done. Also compared MVV and Prakriti. The pollution levels of Dhankawadi area were studied with low volume sampler.

Results:

75% of sample size in Pimpari Chinchwad found less MVV.

57.1% of sample size in Nala Stop area found less MVV.

40% of sample size in Swargate area found less MVV.

With the help of low volume sampler analysis of air quality at Dhankawadi (Bharati Vidyapeeth) was observed – particulate matter- 5.56 ìg/m3, SO2 – 17.43 ìg/m3, NO2 – 24.39 ìg/m3.

Interpretation:

From the study it can be concluded that there is an effect of air pollution on MVV. Prakriti wise found that Vata- pradhan- prakriti is more affected as compared to Pitta- pradhan , Kapha- pradhan- prakriti and there are references found in Ayurvedic samhitas.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	71
4	[ArtTitle]	***AN ANATOMICAL DETERMINATION OF GRAHANI WITH SPECIAL REFERENCE TO GRAHANI ROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Devendra Singh
7	[NmeGuide]	Dr.J.N. Mishra
8	[NmeCoGuide]	Prof.Y.D. Shukla, Dr N.D. Mishra
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1993
13	[EnNo]	AY-91
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	

18 [Abst]

Agni has been stated as the regulator of all bio-physiological activities taking place in the human body. Various beneficial or adverse effects are caused by the state of functioning of Agni remaining within the Pitta. Pachana of various ingested food stuffs e.g. Ashita, Khadita, Peeta dn leedha is based upon the condition of Jatharagni. The integrity of Grahani is under direct control of Agni, mainly Jatharagni, and its impairment leads to the pathological states of the Annavaha Srotasa.

The organ Grahani deals with the four fold functions i.e. Annam Grahanati (ingestion of the food stuffs), Annam Pachati (to digest them up to the required extent),Annam vivechayati (to separate the sara bhaga of the digested food stuffs from kitta bhaga), and Annammunchati (To propel the kittabhaga onwards).

The Kala that lies in between amashaya and pakwashaya is known as pittadhara kala and the part of koshtha that it obtains is spoken of as Grahani. This sixth Kala, in the view of Vagbhata, provides various digestive juices collectively called as pachaka pitta, which besides doing its digestive functions also helps in the process of sara kitta vibhajana.

The anatomical situation of grahani has only been described in terms of Ama pakwashaya Madhya, in the classical texts of Ayurveda. So grahani appears to obtain the situation between the colon below and stomach above, in the gastro intestinal tract. However, differences in the opinion of different scholars remain to be resolved.

The digestion of the food stuffs ingested comes to an end in the small intestine, and the nutrient fraction is also absorbed here to be utilized in the body. The upper part of the small intestine is mainly concerned with absorption, where presence of abundant number of villi is associated with the functions of absorption of the essential parts of the digestion.

Each and every disease, according to the classical hypothesis is caused by vitiation of Agni (mainly its hypofunction). The same is the condition with Grahani roga, which has been stated among the eight maharogas described by vagbhata. Various causative factors that produce agnimandya vitiate grahani, and grahani roga is produced. Sushruta has desceibed grahani roga in the reference of atisara, where he states that after the subsidence of Atisara if a person who is already suffering from Mandagni eats unwholesome diet and does not follow the regime advocated; his Agni is again vitiated to produce grahani roga. The most common symptoms of Grahani roga include frequent loose motions faeces with undigested food stuffs, alternative constipation, anorexia, oedema hand and feet, fever, vomiting and pungent acidic eructation's etc.

Malabsorption syndrome is a condition where a number of nutrients and minerals are not absorbed. Tropical sprue is a major cause of malabsorption in tropical and subtropical countries including India. Various theories including infection, nutritional deficiencies, and certain metabolites have been postulated, however, neither of them is fully accepted to prove the aetiopathology of tropical sprue. The absorption is impaired due to the abnormalities in the morphology of the small bowel. The villi appear to be coalesced to form leaves, which can fuse to give the more abnormal appearance of ridges or convolutions; and the mucosal surface area is markedly reduced. The disease is slow and insidious in onset manifesting with diarrhea and wasting, glossitis, anemia, marked loss of weight and emaciation. Anorexia, nausea and vomiting are often prominent.

Giardiasis is also an important condition associated with mal absorption and malnutrition prevalent particularly in the developing countries. The absorptive capacity of the gut is impaired, and the jejunal mucosal biopsies from infected persons usually show marked subtotal mucosal atrophy. The disease manifests with explosive onset of watery diarrhea; the stool is foul smelling, greasy in appearance and floats. Abdominal distension, cramps, nausea, flatulence, borborygmi and progressive weight loss also appear.

All of the recorded twenty five cases possessing Lakshanas of Grahani were divided into two groups, the cases with giardia and worms infestation and without any infestation. The observations received in terms of age and sex distribution, hygienic conditions, dietary habits, socio economic conditions, haemogram picture, faecal fat content and D-xylose excretion in urine have been found very much similar to malabsorption syndrome and like conditions. The stimulants like tea, coffee and tobacco have been found to aggravate and enhance the course of the disease. The Krimija Grahani as has been accepted by some Ayurvedists also shows the findings similar to the non specific group of tropical sprue and like conditions.

Maximum number of cases revealed the radiological findings suggestive of the mal absorption pattern such as dilatation, flocculation, segmentation and moulage sign involving jejunum, however, the proximal and distal parts are also occasionally involved. This finding infers that the involvement of the jejunal part of the small bowel in Grahani roga should be held Grahani rachana.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	43
4	[ArtTitle]	***AN EXPERIMENTAL STUDY OF EFFECT OF AMALKI RASAYANA AND AMALKI SWARAS ON TISSUE AGING WITH THE HELP OF ELECTRON MICROSCOPY***
5	[ArtEqEng]	
6	[NmeScholar]	Pramod Anand Tiwari
7	[NmeGuide]	Dr. Y.D. Shukla
8	[NmeCoGuide]	Dr. Pramod Nath, Dr. A. N. Srivastav
9	[Dept]	Department of Sharira
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	

18 [Abst]

AYURVEDA, the science of life not only deals with the curative methods but also the preventive measures. To maintain the health of a healthy person is its aim, RASAYANA are those which prevent from aging and the disease AMALKI RASAYANA is one of the best RASAYANA The present work has been taken up with the incentives to study the effect of AMALKI RASAYANA and AMALKI SWARAS on the aging tissues.

Aging changes have been described in almost all the tissues of body, but for the present study three organs of Albino mice were chosen viz. brain, heart and gonads reason is because the first changes of aging have been described in brain, heart

plays a pivotal role and supplies blood to all the body, Gonads are not only the tools of creativity but also cost the body its vigor and youth.

There were total 57 Albino mice left after acclimatization, divided in to three sets of experiments I, II and III having 7, 25 and 25 mice respectively. The experiment I had 2 control and 5 treated with AMALKI RASAYANA to check the toxicity and acceptability of the drug. The other two sets (experiment No. II and III) had 25 animals 5 control and 20 treated with AMALKI RASAYANA in (experiment No. II) and AMALKI SWARAS (experiment No. III). From the experiment No. II and III sets of experiment 5 animals (1 control, 4 treated) were sacrificed after 4,8,12,16 and 20 weeks duration, after regular physical examination such as weight gain and hair loss the dose of AMALIKI RASAYANA was 250 mg./mice/day and of AMALKI SWARAS was 1.25 ml/mice/day. The Electron microscopic and histopathological study of brain, heart and gonads of the sacrificed animal was done.

The following changes were observed:-

BRAIN: AMALKI RASAYANA treated mice brain did not show the deposition of lipofuschin, the single most important criteria of aging brain. There was no loss of neurons in any regions of brain either in control or exp.animals, ultrastructural examination also did not show any damage to neurons, neuroglial cells of microglia. There was no gliosis. The findings suggested that AMALKI RASAYANA was capable of either delaying or preventing the symptoms of aging in brain, because there was no deposition of lipofuschin in the neurons.

HEART – Heart of control animals were showing mild yellowish fatty deposition on external surface, early myocardial fibrosis and coronary arterial thickening, but there was no fatty deposition in mice treated with AMALKI RASAYANA sacrificed even after 20 weeps duration. Light microscopic observations were also confirmed by electron microscopy. In some control groups of animals intra-cytoplasmic accumulation of electron dense material was present.

The heart of control mice showed irregular myofibers as well as increased connective tissues.

GONADS – There was no apparent morphological change in the normal size and shape of the male gonad in both the control and experimental group of animals. Mild spermatogenesis was present in the control animals. All experimental treated groups of animals had normal morphology, almost perfect spermatogenesis, no pigment deposition and no atrophy or degeneration of seminiferous tubules.

Since the changes in female gonads are supposed to be genetically determined timed events so little change was accepted. The present study confirmed the same fact, as there were gonadal fibrosis in female mice in both groups control as well as AMALKI RASAYANA treated mice.

There observation showed a definite effect of AMALKI RASAYANA In aging process but it needs further exploration with experiments on bigger mammals where the life span and the old age are longer. The experimental animal treated with AMALKI RASAYANA (experiment no.III) showed only mild benefit over the control group of animals as compared to the AMALKI RASAYANA treated animals.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	70
4	[ArtTitle]	***AN EXPERIMENTAL STUDY ON PUNSHAVAN KARMA WITH SPECIAL REFERENCE TO VATA SHUNGA***
5	[ArtEqEng]	
6	[NmeScholar]	Renu Tripathi
7	[NmeGuide]	Dr. J.N. Mishra
8	[NmeCoGuide]	
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1996
13	[EnNo]	L78/1021
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Determination of sex during intrauterine life has been fascinating the entire world. Many workers tried to evolve various methods to predetermine the sex of future issue, Sex of a birth is determined at the time of fertilization. Primary sex of the child depends upon the potentiality of X or Y chromosomes present in the semen, Sex differentiation is a complex process influenced by genetic, behavioral and hormonal factors (Dawn, C.S.). The role of androgens in post foetal sex development has been established in animals (Gyton. A.C. 1971). According to the theory of bar body (Moore, K.L. 1966) in determination of sex, the presence or absence of it is a clear

cut indication for a female or male child respectively.

The undifferentiated fetal gonad is bi potential. According to modern concept of TDF (Testis determining factor) is present on Y, the testicular determination pathway is initiated results male and if Od (Ovary determining gene) is located on X chromosome, k ovarian determination pathway is initiated results female. H-Y antigen plays an important role in testicular differentiation discovered by Eichwald and Silmser in 1955 whereas females are H-Y negative.

In Vedic literature as well as in Ayurvedic classics the details about eh recognition of sex, influence of time factor, influence of moon and sun, predominance of Shukra or Artva, importance of ovulation from right or left tubes importance of discharge of Shukra and Artva importance of diet regimen, importance of chastity and desire to have major female child, are available.

Alteration of Sex (especially masculinization) in Avyakta Awastha (undifferentiated state) is also reported in Indian classical literature (Su.Sh.2/33, A.S.Sh.1/33, A.H.1/37-42, Ch.Sh.8/19 etc). Vatta Shunga is one of the drugs used in ancient time for this purpose. Theory of masculinizing has also been supported by Jost on lower animals.

The age old prejudices against the female sex results foeticides. Couples might be more inclined to reject an embryo of the unwanted sex and to prevent abortions. Thus this factor attracts the scholar to work upon this topic.

The present study is based upon the pheno typically manifestations of sex in the intrauterine life rather than genotype manifestations. This experiment has been done on rabbits because rabbit comes under mammalian group in which human is grouped and rabbits have been internationally accepted as approximating to human metabolism. Rabbit's body reactions are similar to that of human beings and are experimental animals, which are easily available and less expensive. In addition the period of oestrus in rabbits is more or less continuous and lasts for number of months during each year. The gestation period of rabbit is 28-30 days and as such larger number of cases can be studied in lesser time. Above all, availability of human beings for experimental purposes is very rare in India and percentage of patients who are subjected to experiment is very low in India, even after they are given inducement. For this purpose 5 male and 15 female rabbits were taken and were divided in group ABC. In order to avoid pseudo pregnancy male and females were kept quite separately. The mating of all the three groups was allowed only one day during spring season. Group A was kept on oral drug while group B on nasal drug. Group C was controlled group without any medicine. Group "A" was given one bud of Vata Shrung crushed in cow's milk in the ratio of 2:1 with normal feed while Group "B" was given 3-4 drop of extract of one bud of Vatta Shung crushed in cow's milk through Nasya Vidhi and Group "C" was kept without medicine. After analyzing the statistical data of the male and female birth it has been inferred that male generation of group A is statistically dominant than group 'C'. Both group A and B have more probability of male generation than female and group 'C' is less prone to male generation.

The study supports the view of Sushrut that the drug has masculinization effect in lower animals and thus it can be inferred that sushrut's concept regarding intrauterine masculinization can be trailed on human beings.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	*ANATOMICAL AND SHARIR RACHANATMAKA STUDY OF PURISHVAHA SROTAS WITH SPECIAL REFERENCE TO GUDAVALI IN RELATION WITH ARSHA VYADHI*
5	[ArtEqEng]	
6	[NmeScholar]	NEGALUR. M. M.
7	[NmeGuide]	PROF. DR. U. S. KULKARNI.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	CLINICAL RESEARCH
18	[AnyOther]	
19	[Abst]	

Keywords: Purishvaha Srotas, Gudavali, Arsha

Background and Aim:

- Purishvaha Srotas is main site of many diseases & Arsha is one of them.

- To study anatomy & Rachana Sharir of Purishvaha Srotas & clinically to elaborate the Rachana Sharir of Gudavali, Pravahini Visarajani, Savarani &its anatomical correlation in modern anatomy & in Arsha Vyadhi.

***Methodology*:**

- Cadaveric study was done by dissecting lower G.I. tract

- Proctoscopic examination was done of patients suffering from Arsha Vyadhi.

- 30 patients with Arsha Vyadhi were studied & analysis according to Nidan, Lakshanas, Maladushti.

Proctoscopic findings were carried out.

***Interpretation*:**

Mala Mutra Vega Dharana - Observed in patients like road workers due to improper facilities available.

Akal Ahar Sevana - Observed in patients like Drivers and security guards due to working shifts

Avyayam- Observed in patients like Office worker &Bank officers Shita & Guru Ahar - Observed in patients consuming fast food & cold drinks

Ushna & Tiksha Ahar - Observed in patients consuming this type food.

Habits - Tobacco chewing, cigarette smoking, alcohol drinking

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	52A
4	[ArtTitle]	***ANATOMICO PHYSIOLOGICAL CONCEPT OF PACHAK PITTA WITH SPECIAL REFERENCE TO DIGESTIVE ENZYMES AND CATALYSTS***
5	[ArtEqEng]	
6	[NmeScholar]	Hemant Kumar Rai
7	[NmeGuide]	Dr. J.N. Mishra
8	[NmeCoGuide]	Prof. Y.D. Shukla
9	[Dept]	Department of Rachna Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1993
13	[EnNo]	AY/91/1
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Rachna Sharir
17	[AnyOther]	
18	[Abst]	

A concept of Agni in Ayurveda is probably influenced by Heat energy resided within the substances and is perceived by shining and glittering. According to Vedic concept Agni is part and parcel of any matter. In post vedic period, the transformation of substances is closely associated with Agni-Vyapar. The Agni is described in Ayurveda particularly in reference to Audaryagni (Jatharagni). Pitta possesses Roopa-Rasa-Gandha-Sparsha and is found in the body whereas Agni is found in living substances as well as in non living substances, whereas heat energy is physical and a transformed part of Agni and is one of the parts of Daihik Agni.

Digestion of food is dependent upon Agni and Pitta, but modern physiology conceives different biochemical substances responsible for digestion. Functions of pitta are vision, digestion, heat production, hunger, thirst, softness and suppleness of the body, lustre, cheerfulness and intelligence. Agni performs dahan and pachan which can not be performed in the body without pitta that is why pitta stands synonym for antaragni.

Pachak Pitta is stated to be secreted in an area between Pakwashaya and Amashaya. The only physical status of pachak pitta may be ascertained from its 'Dravatva' property. Pachak pitta conceives to be some internal secretion or secretions secreted by the pitta dhara kala it grahani.

Pachak pitta is responsible for making all these unabsorbable nutrients in absorbable nutrients in the gastrointestinal tract. Digestion of carbohydrates, proteins and fats involves basic process of Hydrolysis in presence of digestive enzymes which is biological catalyst and proteinous in nature. Pachak pitta is initiator of digestion and the digestion ends at pilu and pithar paka at cellular level.

It is a well known fact that the production of heat is caused by different catabolic activities under the influence of certain enzymes. The ultimate cause of heat production is concealed within the activity of mitochondria, which is responsible for the conversion of ATP into ADP or AMP as result of which energy is produced. This energy is utilized for the various activities of the body. ATP is called the energy currency of the body.

The characteristic of ATP themselves pose the concept of Vata, Pitta and Kapha. The Kapha may be understood with adenine, Vata may stand for Ribose and pitta for triphosphate. The triphosphate draws the attention and matches with the tridosh concept of Ayurveda which is not separable. This also proves that vata, pitta and kapha are interdependent substances which cannot be separated from each other.

The secretory glands are spread throughout the gastrointestinal tract for the purpose of two primary functions:

i) Digestive enzymes are secreted in most areas from the mouth to the distal end of the ileum.

ii) Mucous glands from the mouth to the anus provide mucous for lubrication and protection of all parts of the alimentary tract.

Most digestive secretions are formed only in response to the presence of food, the quantity secreted in to each segment is almost sufficient for proper digestion. Even the types of enzymes and other constituents of the secretions are varied in accordance with the type of food present.

The anatomical concept of Pitta, according to old school (Charaka), the Asthan of Pitta is Sweda (sweat), Rasa (Plasma), Lasika (Lymph), Rakta (Blood), Amashaya (Stomach including Grahani). The school of surgeons (Sushruta) has become more orthodox about the Asthan of pitta in the body and it is considered Amapakwashaya Madhya which is also known to be Grahani. This factor gives more specific thought to Grahani which is common in both and school of later period becomes pin pointed regarding anatomical consideration of pitta. If sweda is considered in Asthan of Pitta then sweda is activated through blood circulation by action of epinephrine and nor epinephrine hormone and through sympathetic cholinergic nerve fibers which are themselves under the control of Acetylcholine. Thus Charaka's observation regarding Asthan of sweda as rakta appears to be true. The blood circulation is still responsible for supply of many hormones and enzymes. Charaka's concept regarding asthan of pitta is as Rasa (Plasma), Lasika (Lymph) and Rakta (blood) in the form of lipoprotein (lipase) enzyme.

High calcium diet disfavours the absorption of phosphate, while moderate amount of fat or acids favours the absorption. The inorganic phosphate after absorption rapidly incorporates into such compounds as creative phosphate, ATP, hexose and triose phosphate, nucleotides and phospholipids which indicate that inorganic phosphate is a fundamental unit of Pitta.

The ingestion of food occurs in the cell by endocytosis which is available in two principal forms pinocytosis and phagocytosis. Pinocytosis means ingestion of extremely small vesicles containing extra cellular fluid and phagocytosis means the ingestion of large particular such as bacteria, cells or portions of degenerating tissue. The ingestion of substance through pinocytosis or phagocytosis one or more lysosomes become attached to the vesicle and empty their acid hydrolases into the vesicle. The lysosomes may be called the digestive organs of the cell of digestive system.

The aim of the digestion is to disintegrate the nutrients in so much microform that finally it may be ingested by endocytosis, and with the help of hydrolases. The vesicle is further disintegrated into two parts sara (Micronutrients) and Kitta (waste). The Kitta is excreted in the cell by exocytosis. The whole microcellular digestion takes place in Mahashrotas on similar fundamental. Certain hydrolases act as food substances to disintegrate respective proteins, carbohydrates and fats and the waste is excreted out. Anatomically speaking the digestion in the body takes place at Microanatony and Macroanatomy levels. At macroanatomy level Mahashrotas is involved and at microanatomy level lysosomes are involved, and pitta is nothing but hydrolases available at Macroanatomy level in the form of different gastrointestinal digestive enzymes and at micro anatomy level the hydrolases available in lysosomes. The macrodigestive organ is mahashrotas and microdigestive organ is lysososmes. The micro organ is the ultimate terminal unit of macro organ. There appears no basic difference between Jatharagni, and other agnis available in their respective pitas.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	82
4	[ArtTitle]	***CLASSIFICATION OF MUSCLES, ACCORDING TO DIVISION MENTIONED BY SUSHRUTA A STUDY***
5	[ArtEqEng]	
6	[NmeScholar]	Utkarsh Kalyankar
7	[NmeGuide]	Dr. G.P. Tiwari
8	[NmeCoGuide]	Dr. J.N. Mishra, Dr. A.K. Garg
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1995
13	[EnNo]	AYU/2/95
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	

The basic constituents of the body are Dosha, Dhatu and Mal. Out of which Dosha (Vata, Pitta and Kafa) plays dynamic role on physiological as well as pathological aspects.

Ayurvedic Aacharyas mentioned that body is said to be composed of sever dhatus viz. Ras, Rakta, Mamsa, Meda, Asthi, Majja and Shukra. Among them Mamsa Dhatu, which derived after Rakta Dhatu is responsible for Lepan of the body i.e. covers the frame work of the body and provides proper shape to them.

Peshies are nothing, but only the samghat bhed of this Mamsa dhatu. The detailed description regarding number, distribution in the body, action embryological development and type of Peshi are available in Sushrut Samhitaa very first. The term Peshi of ancients and Muscles of moderns are identical.

In modern anatomy, the muscles have been classified on various bases i.e. structural, functional and regional. Sushrut has also mentioned twelve types of peshies but he did not give the details of every muscle perhaps because of unsatisfactory outcome. Some authors of twentieth century have mentioned comparative Sanskrit term for every muscle described in modern literature but the types mentioned by Sushrut are not touched by them. I feel that it is the need of time to develop this knowledge further and it can be a point of research.

So, I select this topic for research. With this, I set my target to verify the number of muscles and peshies present in the various part of the body, mentioned in modern and Ayurvedic classics respectively.

We have set a criteria, which is mentioned in material and method, and with the help of the literature, as well as dissection of the human body, and with proper guidance of my respected supervisor and co-supervisors, we put every muscle mentioned in modern anatomy, under twelve types mentioned by Sushrut.

On the basis of the observation and discussion, we found that there are total 636 muscles are present in the body. Out of which 238 are present in extremities 236 in trunk region and 162 in head and neck region. But sushrut has mentioned only five hundred peshies in Shaadang Sharir. Out of these 500 peshies, 400 are present in Shakhas, 66 in Koshtha Pradesh and 34 in shirogreeva. So we found that the number of muscles and peshies does not tally. So the verification of the numbers needs further research.

Out of 636 muscles, mentioned in modern literature, and now here we can say Peshies, which are present in whole body, we found that:

1) Total 54 Vahal pesheis are present in the body out of which 24 are present in Upper limb whereas 30 are found in lower limb. Thorax, abdomen head and neck have no Vahal peshies.
2) The total number of pelav peshies is 66, out of which 10 are present in upper limb, 16 in lower limb, 30 in thorax

and 10 in neck region. The abdomen and head have no pelav peshies.

3) Total 8 Sthul peshies present in the body out of which 2 in upper and 6 in lower limbs. Other regions have no peshies of this type.

4) Total 124 Anu pesheis are present, out of which 70 in thorax, 30 in head and 24 are present in neck region. Both extremities and abdomen have not this type of Peshi.

5) The number of Prathu peshies is 21, out of which 6 are present in upper and 2 in lower limbs whereas thorax has 1, abdomen has 10 and 2 are present in neck region. Head has no prathu peshi.

6) Total 9 Vritta peshies found in the whole body, out of which 3 are present in abdomen, 3 in head and 3 in neck region. Both extremities and thorax region missing this variety.

7) The highest 300 peshies of Hrasva type, are present in the body, out of which 52 in upper, 54 in lower limb, 106 in thorax, 14 in abdomen, 40 in head and 34 are found in neck region.

8) The number of Deergha peshi is 24, out of which 10 are present in upper limbs, 12 in lower limbs and 2 are present in abdomen region. Thorax, head and neck have not this type of peshies.

9) The total of 22 sthir peshies is present, out of which 14 in upper limb, and 8 present in head region. Lower limb, thorax, abdomen dn neck regions lack this type.

10) Shlakshana variety of peshies is mainly of visceral types. But 8 lingual muscles can be put under this group.

11) Mridu and Karkasha are typically representing visceral muscles. The detail number of various tyes of muscles is shown in Table No. 10.

The present research work shows that all the muscles present in the body may be individualized by translating the name under the criteria mentioned by modern anatomists in addition to the peshi prakar classified by sushrut. The work helps in advancing the knowledge of Ayurveda by the Ayurvedic names for each muscle as well as imparts the morphological or functional basis laid down by sushrut under peshi prakar.

s. no.	Region	Types of Muscles according to Subhrut								
		Vas	Pel	Sth	Anu	Pra	Vra	Hra	Dee	sth
1.	Upper Limb	24	10	02	—	06	—	52	10	14
2.	Lower Limb	30	16	06	—	02	—	54	12	—
3.	Thorax	—	30	—	70	01	—	106	—	—
4.	Abdomen	—	—	—	—	10	03	14	02	—
5.	Head	—	—	—	30	—	03	40	—	08
6.	Neck	—	10	—	24	02	03	34	—	—
	Total	54	66	08	124	21	09	300	24	22

TABLE NO. 10: DETAILS OF VARIOUS TYPES OF MUSCLES.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	437
4	[ArtTitle]	*CONCEPT OF DIGESTION IN AYURVEDA*
5	[ArtEqEng]	
6	[NmeScholar]	Gupta, U.C.
7	[NmeGuide]	Jain, Trilok Chandra
8	[NmeCoGuide]	
9	[Dept]	Department of Sarirakriya
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarath Ayurveda University, Jamnagar
12	[Year]	1962
13	[EnNo]	
14	[Lang]	English
15	[Study]	H.P.A.
16	[SubStudy]	Sarirakriya
17	[AnyOther]	
18	[Abst]	The work comprises both theoretical and clinical approaches towards the concept of digestion in Ayurveda. The first 2 chapters provide an account of Paka digestion & metabolism known in Ayurveda and the importance of Pachakagni. The author points towards the problem of investigation that the variance of Agni is related to many factors such as age, sex, time, food etc. In pursuance of the same, the author chooses to clinically investigate the relation of Ahara with Paripaka. Twenty healthy persons and 60 patients were subjected to analysis for Agni Dushti on the basis of hunger time, bowel habits and other symptoms (body effects). It has been concludes that Vata prakriti persons, Pitta prakriti and Kaphia Prakriti persons are prone to have Vishamagni, Teekshnagni & Mandagni

respectively when they consume Ahara which provokes related Dosha.

A lengthy narration of Agni & modern medical concept of digestion & metabolism is made. Detailed depiction of many dietetics against their characteristics on the Ayurvedic lines is informative.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	393
4	[ArtTitle]	*CONCEPT OF OJAS*
5	[ArtEqEng]	
6	[NmeScholar]	Singh, Raj Narain
7	[NmeGuide]	Bhaskar Viswanath Gokhale
8	[NmeCoGuide]	
9	[Dept]	Department of Sarirracana
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarath Ayurveda University, Jamnagar
12	[Year]	1960
13	[EnNo]	
14	[Lang]	English
15	[Study]	H.P.A.
16	[SubStudy]	Sarirracana
17	[AnyOther]	
18	[Abst]	Aims at clarifying the concept of Ojas and correlating views with the scientific findings. The whole matter is divided into four sections. This includes introduction and historical review of ojas the concept of Ojas, Bala is Ojas, Rasa, Rakta, Kapha Vis-à-vis ojas, and the relation among the Dosha, Dhatu and Mala. A logical discussion on the basis of classical statements is given Contains the classification of Ojas, complete classical description of Ojas, aetiopatogenesis of Ojas–Khasya-Visramsa, Vyapat and give the principles of treatment of Ojas prakrities. Many modern interpretations of Ojas have been incorporated and on evaluation of these interpretations have been recorded. Properdin is a substance like Ojas. Clinical study of diseases of Ojas has been detailed. Twenty patients of these diseases have been studied. In there cases Ojas became

abnormal physically or physiologically. The lists of the signs and symptoms of Sannipatajwara, Abhinyasjwa Ojonirodhajajwara, Pandu, Madhumeha, Kshataksheena, Rajyakshma, Mada, Madatyaya, Grahani, and Raktarsha have been appended in the end.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CONFIRMATION OF STHANA OF PITTA DOSHA IN VIEW OF SHARIR RACHANA***
5	[ArtEqEng]	
6	[NmeScholar]	KOREGAVE. S. R.
7	[NmeGuide]	PROF. DR. J. K TERDALKAR
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	LITERATURE RESEARCH
18	[AnyOther]	
19	[Abst]	

Key Words: - *Pitta Dosha, its Sthana Nishiti.*

Background and Aims:

To evaluate the hypothesis about the Sthanani of Pitta Dosha. This will help the physician to arrive at a correct diagnosis and arrange for the proper and correct treatment.

Methodology:

1. **Literature study**
2. **Experimental study** – The effect of Pittakar and Pittavridhikar Ahar were studied making animal models (albino mice). Two groups, normal of albino mice

(minimum 6 in each group) were used for experimental study.

Group 1 (control group):- In this group, normal diet was given to albino mice and normal behavior was observed for the span of continuous 15 days.

Group 2 (Experimental group):- In this group, Pittavridhikar and Prakopkar Ahar (Kulattha+ ground nut + Guda + ground nut oil) was given to albino mice and symptoms of Pittavridhi and Prakopkar were observed by conducting following experiments.

Comparative study of:

a) Amount of feed ingested by albino mice.

b) Amount of water taken by albino mice.

c) Rectal temperature albino mice.

d) Spontaneous motor activity of albino mice.

e) Subcutaneous inflammatory changes induced by inserting cotton pellets in albino mice.

f) Histopathological study of small intestine and lever of albino mice between two groups.

Results:

Of experiment #A) is statistically not significant.

Of experiment #B), C), D), E) is statistically significant.

Of experiment # F) shows marked congestion and focal liver cell necrosis with infiltration by polymorphs with mild chronic passive venous congestions, in Histopathological reports of experimental groups.

Interpretation:

The pittavridhi and Prakop Lakshanas were taken as parameter. The results obtained by conducting animal experiments shows that there is pittavridhi and prakop in experimental group due to the intake of Pittavridhikar Ahar. The Histopathological report also confirms that there are inflammatory changes in small intestine and liver. This study may be planned for further analysis in future.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	45
4	[ArtTitle]	***CONTRIBUTIONS OF SARNGADHARA TO SHARIR A CRITICAL STUDY***
5	[ArtEqEng]	
6	[NmeScholar]	Smt.Kiran Misra
7	[NmeGuide]	Dr. J.R. Yadav
8	[NmeCoGuide]	Dr. Y.D. Shukla, Dr. G.P. Tiwari
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1989
13	[EnNo]	L-78/22341
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	

18 [Abst]

SARNGADHARA SAMHITA, the second of the LAGHU TRAYEE category is a very popular treatise one of the chief contribution of medieval period. It is assigned to the last part of the 13th or early part of the 14th century A.D. it is written in simple & easy language & consists of 32 chapters with 2,600 verses in all, the first section with 7 chapters & 585 verses, the second with 12 chapters & 1261 verses and third section with 13 chapters & 682 verses.

The text predominantly deals with bhaishajya kalpna (pharmacy & pharmaceutics), brief narration of basic principles, Anatomy, Physiology & method of diagnosis in chapters IIIrd, Vth & VIth of purvakhanda.

Majority of Ayurvedists subscribe to the current popular view that SARNGADHARA the son of Damodara is the author of

SARNGADHARA SAMHITA.

About the evolution SARNGADHARA different from that of CHARAK'S & SUSRUTA'S VIEWS PREVIOUSLY AND BASED ON Vedanta darshan because he has said that the one, uninterested PURUSHA (primordial male principles) is the cause of this universe.

According to him "KALA is limiting sub stances between the DHATU & ASHYAS & formed by transformation of redundant part of the tissues by the body heat. ASHYAS are yellow spaces; SNAYUS are fibrous tissues which unite a muscle to a bone, a tenden & fasten the MAMSA, ASTHIS & MEDAS; KANDRAS are white glistening & stiffer ends of muscles helps in expansion & contraction of various parts of the body, KRADYA (heart JEEVARAKTASHYA) is an important vital organ & seat of CHETNA, OJAS and SADHA KA PITTA & AVALAMBAKA KAPHA.

SARNGADHARA gave two statements about the lung & their role in respirations which are of importance with regard to then exact knowledge of the respiration. It is the first text, describing the mechanism of urine formation clearly & NADI PARIKSHA (examination of pulse) as the method of medical diagnosis of diseases. SARN ADHARA says PRAKRIT of a person persists up to the time of death and can never be altered DOSHAS are the intrinsic cause of disease & structural functional element soft living body. In which VATA is powerful driver of others viz. PITTA KAPHA, DHATUS & males etc. and putting them to work. It up holds all the supporting constitute & their due circulation through out the body.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY ON CO-RELATION BETWEEN PITTA PRADHAN PRAKRUTI OF FEMALES AND OVULATION WITH THE HELP OF BASAL BODY TEMPERATURE METHOD***
5	[ArtEqEng]	
6	[NmeScholar]	Shinde P.
7	[NmeGuide]	Dr. Sarita S. Bhutada
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPARTMENT OF SHARIR KRIYA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2006-07
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Fundamental Research
18	[AnyOther]	
19	[Abst]	

Background & Aim: -

This study was designed to estimate co-relation between Pitta Pradhan Prakruti females & ovulation with the help of Basal Body Temperature method.

Methodology: -

Doshaj Prakruti was studied in detail from Samhitas Format for Prakruti Parikshana was prepared accordingly. Thirty female students having Pitta Pradhan Prakruti were selected from B.V.U.C.O.A. Pune. Assessment of Prakruti was done by two methods.

1) By percentage method.
2) By gradation method.

Menstrual history was taken. Day of ovulation was taken by three successive cycles. To record the day of ovulation Basal body temperature method was used. Clinical thermometer was used. 10 females studied by USG method also.

Results:

After assessment of total 65 females, 30 females were found with Pitta Pradhan Prakruti. Their menstrual history was taken & age of menarche was found 13-14 years.

Day of ovulation by B.B.T. & USG method was found same in between 14th to 16th days.

Interpretation:

The day of ovulation by BBT & USG is same in 9 females i.e. 90%. The day of ovulation in Pitta Pradhan females is 14th to 15th by both the methods.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	32
4	[ArtTitle]	***CORRELATIVE STUDY OF "DEHIK PRAKRITI" IN CASES OF "AMA-VATA" WITH SPECIAL PREFERENCE TO ITS MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Narendra Shanker Tripathi
7	[NmeGuide]	Pro. J.R. Yadav
8	[NmeCoGuide]	Prof. R.K. Misra, Dr.(Smt) Shobha Mobar
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1994
13	[EnNo]	L-83/AY113
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	

The present study, "Correlative Study of Dohik Prakriti in Cases of Amavata with special reference to its Management" has been presented in the following form –

(A) REVIEW OF LITERATURE

(I) PRAKRITI (II) AMAVATA

(B) CLINICAL STUDY

(I) OBSERVATION AND DISCUSSION

(II) RESULT (III) CONCLUSION

(A) REVIEW OF LITERATURE –

(I) PRAKRITI:-

The word Prakriti is a feminine term which maximally represents the "nature of the individual". In Vedic Literature, (BRAHMAN and UPNISHAD GRANTH) Prakriti is used for meaning like Swabhava, Sharir and Utpatti etc.

In Ayurvedic Literature Prakriti represents the trait appearing at the time of union of "Shukr and Shonita" and which is unchanged throughout the life. Prakriti in reference to the present study has been used with meaning "Swabhava" or nature of the individual, which covers the physical, social, mental and spiritual aspects of life.

FORMATION OF PRAKRITI:-

Prakriti is formed by UTKATATA (predominance) of one two or all the thre "Dosha" at the time of conjugation of Shukra with Shonita in garbhashaya. Here the predominance of Dosha is physiological.

Factors responsible for the formation of Prakriti are –

(i) Shukra Prakriti (ii) Shonita Prakriti

(iii) Kala Prakriti (iv) Garbhashay Prakriti

(v) Mata ka ahar vihar Prakriti

(vi) Panch Mahabhuta vicar Prakriti

Some factors are also responsible for the development of prakriti eg. Jati (race), Kul (Family), Desh (place), Kala (time), Vaya (age) and Pratyatma Niyata.

Classification of Prakriti –

(A) Dehik Prakriti (B) Mansik Prakriti

(C) Bhautik Prakriti

Dehik Prakriti is of three types –

(i) EK-Doshaja – 3 (ii) Dwi Doshaja -3

(iii) Tri Doshaja – 1

Here in this study EK Doshaj Pradhan Prakriti is taken into consideration i.e. Vataja, Pittaja and Kaphaja Prakriti.

(II) AMAVATA

The term AMA and its various forms AMAYAT, AMMAT etc are available in Vedic. Samhitas. CHARAKA, SUSHRUTA and VAGBHATA have also described AMA. MADHAVAKARA was the first who introduced "AMAVATA" as an independent disease with its aetiology, pathology, symptomatology and prognosis in Madhava Nidanam. Other authors have followed up the same view.

AGNI, AMA and VATA are the main factors responsible for introduction of the disease AMAVATA.

AMAVATA described in Madhava Nidanam is caused by AMAVISH which is taken up selectively to SHELESHMIK – DHARA – KALA of the body found in "Sandhis" (joints). AMA while circulating in the body through blood stream is stagnated in joints and produces Sarujam Shotham (swelling and tenderness in the joints) and restriction of the movement, loss of appetite etc.

The other symptoms of AMAVATA are ANGMARDA (BODYACHE), aruchi (anorexia), TRISHNA (thirst), ALASYA (lethargy), GAURAVA (heavinessw due to physical and mental exhaustion), JWARA (fever), APAKA (indigestion), ANGSHOONTA (swelling) etc.

(B) CLINICAL STUDY :-

MATERIAL AND METHOD –

For the purpose of present study 100 cases of AMAVATA were selected from the KAYA CHIKITSA DEPARTMENT. After selection of the cases, a detailed history and investigations were done before and after management / Treatment.

Conventional Management / Treatment were given to all the patients by their consultants, mentioned in the different Ayurvedic texts.

Prakriti of each patient was identified with the standard performa of Post Graduate Sharir Department.

The progress was noted down upto 8 weeks of the study. The investigations and therapeutic response of the Management / Treatment was assessed before and after the Management / Treatment as (1) Cured (2) Improved (3) No Response.

OBSERVATION AND DISCUSSION :-

Out of the 100 selected cases of AMAVATA, 48 (48%) were of Kaphaja Prakriti, 30(30%) were of Pittaja Prakriti and 22 (22%) were of Vataja Prakriti.

Symptomatologically the recovery was observed 74.24%, 83.83% and 73.98% in Kaphaja, Pittaja and Vataja Prakriti cases respectively, which showed that incidence of onset of AMAVATA, was highest in kaphaja Prakriti persons (48%) and percentage of recovery (83.83%) was highest in Pittaja Prakriti persons.

The assessment of number of cases after management / Treatment was categorized into –

Cured [28:22:12::48:30:32] out of 48, 30 and 22 cases of Kaphaja Pittaja and Vataja Prakriti, 28,22,and 12 cases respectively were cured.

Improved: out of 48, 30 and 22 cases of Kaphaja, Pittaja and Vataja Prakriti 14, 6 and 6 cases were improved.

No response: out of 48, 30 and 22 cases of Kaphaja, Pittaja and Vataja Prakriti 6, 2 and 4 cases showed any response.

It showed that cure rate 22 (73.33%) was highest in Pittaja Prakriti cases, which was supposed to be due to highly potent "AGNI" in persons which prohibited formation of AMA as a causative factor for AMAVATA.

The observations also showed that onset (22%) and cure rate (54.55%) both were found lowest in the cases of Vataja Prakriti and was proposed due to "Vismagni" which could easily develop in persons having Vataja Prakriti.

Aclose association between Dehik (Doshaja) Prakriti and incidence of AMAVATA was found. Kapha Prakriti Purush was highly succeptable to AMAVATA as compared to Pittaja Prakriti purush who is easily manageable for AMAVATA. The Vata Prakriti Purush showed poor response in both ways. The work contributes to the physicians for better management of AMAVATA with the help of knowledge of Prakriti and it also advances the knowledge of practice of Ayurveda, the Kriya Shaririya aspect and the field of Kaya Chikitsa contributes to each other.

The study shows:-

Incidence of occurrence of AMAVATA is found considerably high among Kaphaja Prakriti where as low in Vataja Prakriti.

Pittaja Prakriti cases show high percentage of recovery rate than Kaphaja and Vataja.

Vataja Prakriti Purush gives very poor response to the conventional Management /Treatment among AMAVATA.

Kaphaja Prakriti cases show moderate response to the management for AMAVATA. It can be concluded that Prakriti plays very important role on the onset / occurrence of disease and management / treatment of a disease (AMAVATA).

Lastly, we would like to suggest that the study may be continued and evaluated on a larger sample, under control group study.

1 [ArtID]

2 [FolNo]

3 [SlNo]

4 [ArtTitle] ***CRITICAL ANALYSIS OF SNAYU WITH THE HELP OF MODERN TEXTS AND CADAVERIC STUDY***

5 [ArtEqEng]

6 [NmeScholar] KADAM R.

7 [NmeGuide] PROF. DR. (MRS.) P.B.KAMBLE

8 [NmeCoGuide]

9 Name of the Journal

10 [Dept] DEPT. OF RACHANA SHARIR

11 [Insti] BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE

12 [Univ] BHARTI VIDYAPEETH UNIVERSITY, PUNE

13 [Year]

14 [EnNo]

15 [Lang]

16 [Study] MD

17 [SubStudy] LITERATURE RESEARCH

18 [AnyOther]

19 [Abst]

Background and Aim:

To collect detail information about 'Snayu' and 'Peshi' from various Samhita and to correlate Snayu with different structures mentioned in modern texts and cadaveric study. The aim of study is to find out what actually 'Snayu' is?

Methodology: Whole study is divided into three broad heading.

1. Why Peshi is not muscle?
2. Why Snayu is not ligament?
3. Why Snayu can be Muscle?

Results:

By considering points given regarding to 'Snayu' in various Samhita, the 'Snayu' resembles more with Muscles and Tendons than Ligaments.

Interpretation:

1. In some text 'Peshi' is correlated with Muscles according to Sankhya, Prakara and Karya. But according to Ayurvedic literature and modern parameters of dissection technique, 'Peshi' can not be correlated with Muscles.
2. Most of people consider 'Snayu' as Ligament. The reason may be Sushrutacharya's reference stating that the main function of 'Snayu' is 'Sandhibandhan'. But when a joint is dissected, the structure intervening are Ligaments along with Muscles and Tendons, which are responsible for movement and support of joint. When Snayu- Prakara analyzed, they resembles with Muscles and Tendons. Region wise dissection proved that the no. of Muscles and Tendons are fairly similar to no. of 'Snayu' than the no. of Ligament.
3. When Snayuviddha Lakshanas and Snayu Marma analyzed, they resemble with Muscles and Tendons. Also when Muscles and Tendons are counted separately in a particular region then, they correlate approximately with no. of 'Snayu'.

Thus, Snayu are correlated with Muscles and Tendons.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	*CRITICAL STUDY OF UNDUKA IN AYURVEDA*
5	[ArtEqEng]	
6	[NmeScholar]	SESHUKUMAR
7	[NmeGuide]	PROF. DR. U. S. KULKARNI
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	LITERATURE RESEARCH
18	[AnyOther]	
19	[Abst]	***Key words***: - Unduka, Its correlations ***Background and Aims: -*** Unduka is one among so many controversies in Sharir. To collect detailed information regarding Unduka and any other word relating with this from various Granthas of Ayurveda and modern literatures ,and find out the exact meaning of Unduka.To confirms the organ scientifically. ***Methodology: -*** Literary study – in this all the classical treaties of Ayurveda were studied in order to any references that may indicate the modern day phenomenon of abdominal organs specially refers to Unduka.

Cadaveric study - For the correlation of Ayurvedic concepts

Results: -

Unduka is supposed to be a finger like projection as per etymology. Caecum is certainly not in that shape though appendix is.

Interpretation: -

Pittasaya has no direct structural relation with gall bladder and is considered to be the Adho-

Amasaya along with Grahini, Kloma & Tila are the synonyms for pancreas and gall bladder respectively. Some times both are used in denoting the Pancreato – bilary system. Unduka

Kloma or Tila have common Utpatti i.e. Shonitakitta so that these organs should have the Prabhava of Shonitakitta. So, Unduka seems to be Gall bladder.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***DETAIL STUDY OF KAPHA STHANA AS MENTIONED IN SAMHITAS.***
5	[ArtEqEng]	
6	[NmeScholar]	KHOT. S. S.
7	[NmeGuide]	PROF. DR. (MRS.) P.B.KAMBLE
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	EXPERIMENTAL STUDY
18	[AnyOther]	
19	[Abst]	***Keywords:*** Kapha Sthana

Background and Aims:

To collect detail information about Kapha Sthana from various Samhita, as Dosha Sthana Nishiti is an important subject which is required for diagnosis treatment, and prognosis of disease. Kapha Dosha was selected for this study.

Methods:

Whole study is divided into three broad headings

1. Animal experiment: on anaesthetized albino mice.
2. Marking locations of Kapha Sthana for its properties and characteristics/ functions.

3. Finally studying Kapha Sthana at microscopic level in various organs and cells.

Result:

Kapha is subdivided into 5 subtypes as per its location

1] Tarpaka -located in head.
2] Bodhaka -located in tongue
3] Avalambaka -located in thorax.
4] Kledaka -located in stomach.
5] Shleshak -located in joints.

Interpretation:

1. It appears that when imbalance takes place it occurs at particular location & affects other Kapha Sthana also.
2. Sthana change their size & shape under physiological & pathological conditions.
3. Histological examination of Kapha Sthana shows that Kapha producing cells carry out function of production and secretion of Kapha.

Thus Kapha Sthana is determined as per Samhita.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***DETAIL STUDY OF MOOLA STHANA OF RAKTAVAHA SROTAS***
5	[ArtEqEng]	
6	[NmeScholar]	BIDKAR ASHISH
7	[NmeGuide]	PROF.DR. (MRS.) P.B.KAMBLE
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	CLINICAL RESEARCH
18	[AnyOther]	
19	[Abst]	***Key Words: -*** Raktavaha Srotas and Moolasthana

Background and Aims:

With detail; study of Raktavaha Srotas and its Moolasthana it will be helpful in the diagnosis and treatment of diseases affecting Raktavaha Srotas. It will help in understanding the relationship between Srotas and Moolasthana.

Methodology:-

1. Dissection -Yakrut and Pleeha of cadaver were used.
2. Clinical study- 30 patients of Kamala Vyadhi.
3. Literary -Moolasthana of Raktavaha Srotas mentioned in various Samhita.

Result: -

Yakrut and Pleeha are the Moolasthana of Raktavaha Srotas. Structurally they are the site of formation and storage of Rakta Dhatu. They also regulate the function of Rakta Dhatu.

Interpretation: -

1. Yakrut and Pleeha are the Moolasthana af Raktavaha Srotas, Histologically and anatomically.
2. Liver is involved in Kamala Vyadhi but Spleen not so.
3. Sushrut opines that Yakrut is the end product of blood. Also in Gray's from 2 to 7 months of Intrauterine life blood cells are differentiating into hepatic cells
4. According to Charak and Vagbhata production of blood is active in fifth month of IU Life .According to Gray's anatomy the red marrow becomes dominant at 5 months

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***DETAIL STUDY OF VATA DOSHA STHANA AS MENTIONED IN SAMHITA***
5	[ArtEqEng]	
6	[NmeScholar]	RAVAN S. S.
7	[NmeGuide]	PROF. DR. J. K. TERDALKAR
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	FUNDAMENTAL RESEARCH
18	[AnyOther]	
19	[Abst]	***Key Words:*** Vata Dosha, Sthana Nishiti ***Back ground & Aims:*** - Vata Dosha is mentioned in No. of places in all the Samhita & in various Ayurved literature. Vata Dosha produces about 80 types of different diseases. So to confirm The sthan of Vata Dosha is a need of time. It will help for Nidan & Chikistsa of diseases. ***Methodology*** :- Literary study – All the Samhita of Ayurved was studied for Sthana of Vata Dosha.

Animal study- - 12 Albino mice was used for this study in 2 groups.

1) Control group – Normal diet was given for 15 days.
2) Experimental group-Vatvrudhikar diet (Chanak & Pavak) was given for 15 days. Various changes were noted in II group.

Result: -

1) Body weight was reduced in expt.group
2) Increased in preening movements noted in expt. group.
3) Decreased in quantity in Purusha & Mootra was noted in Expt.group.
4) Histological changes noted in Pakwashaya in expt. group.

Interpretation: -

To decide exact sthan of Vata Dosha was difficult, but by literary study &animal study the main Sthan of Vata Dosha can be considered as Pakwashaya as mentioned in Samhita is true

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	297
4	[ArtTitle]	***DHATU POSHAN KRAMA –EK ADHYAYAM***
5	[ArtEqEng]	
6	[NmeScholar]	Shukla, Yajna Datta
7	[NmeGuide]	Purna Chandra Jain
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	This study was taken up because the Ayurvedic concept of nutrition is purely hypothetical based solely on personal experience Viz viz. nature, evidences can be presented from the modern scientific researches in this field so ease experimental date based validation of the concept with in the ambit of these experimental evidences, studies are reported on the up take distribution and metabolism in different issues, of different animal species, of different diet, protein, carbohydrate & fats. The method involved for the above studies include use of analytical techniques such as radioactivity accounting, proteins & animoacids analysis by nin hydrin reaction method glycogen, glucose by biochemical methods. The data presented has been discussed in a sequential manner protein 4 aminoacids followed by carbohydrates, lipids in that order, within the equation of Ayurvedic & modern scientific concepts.

The present studies were designed to study the specific characteristics of up take, distribution, metabolism by different tissue. The absorption characteristics have been solved following administration of diet any components by oral, infection, (Intra venous), subcutaneous, intraperitoneal appropriate animal species. Rats, Rabbits and mice were used in the studies reported in present work. Aminoacids were determined by method of Hamilton & Vanslyke. R.N.A. DNA & Proteins were determined by method of Muller, Protein estimated with Folinclocaltealephenol reaction. For & Randall (1951). Lactic acid estimated by method of barkeret al (1947) & Nelson et al (1944). For studies in Lipid utilization two representative ovarial steroid studies in Lipid utilization two representative ovarial steroid Hormones was used. Within this study it can be concluded that the utilization of food material by tissues not in their original form. Jathragni, Bhutagni & Dhatwagni makes it fit for this purpose. All food material circulates in all tissues. Tissues have selective affinity for them. Cells have their specific channels for their nourishment Karma Parimgme paksh represents metabolism, kedarikulya Nyaya refers to common metabolic pool and khale kapot Nyaya represents the equivalent of cellular nutrition was selective nutrients & channels.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	29
4	[ArtTitle]	***EVALUATION OF HAEMATOCRIT VALUES DURING AND AFTER KAMALA***
5	[ArtEqEng]	
6	[NmeScholar]	Arun Kumar Gupta
7	[NmeGuide]	Dr (Smt) S. Mobar
8	[NmeCoGuide]	Prof J.R. Yadav , Dr P.S. Srivastav
9	[Dept]	Department of Sharira
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1992
13	[EnNo]	L-797103
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharira
17	[AnyOther]	
18	[Abst]	In such a time bounded small study, without any prior orientation of working on epidemiology, nothing can be concluded of the various incidence values discussed. But on the basis of observation and discussion study may be concluded as: On the basis of total R.B.C. count, it is found that during Kamala it was sub normal – i.e. 3.36 million/mm3, while after Kamala the average value of total RBC count increased to be 3.65 million/mm3. This difference establishes statistically to be significant. Hemoglobin concentration was found to be an average below normal during KAMALA i.e. 10.78 gm% which is significantly found to be raised to 11.98 gm% which infers that Hemoglobin concentration increases with release of KAMALA.

The packed cell volume was analyzed during and after KAMAL, in average found to be 32.05 and 36.01 respectively, with S.D. of 3.63 and 3.21 and differential statistical values significant. So it infers that the PCV rises with the release of KAMALA.

There is rise in average of MCV during and after KAMALA but this rise proves statistically to ve insignificant (with p value to be >0.05). This concludes that the increase in Hemoglobin concentration is due to increase in number of R.B.C. and not due to increase in the size of R.B.C. The normal MCV is supposed to be 80-92 u3, but in present study a slight raised MCV recorded, which does indicate towards non-deficiency of iron in patients of KAMALA, although there is a mild degree of anaemia which perhaps represents the Indian hemoglobin standards.

MCH shows no apparent differences in average of before and after kamala reading and statistically the difference is not significant. It also supports the inference that there is definite increase in cell number and not MCH.

Same conclusion is drawn with the analysis of MCHC.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	2252
4	[ArtTitle]	***EXPERIMENTAL IDENTIFICATION OF RIUJAKARA MARMAS***
5	[ArtEqEng]	
6	[NmeScholar]	T.R. Rama Prasad
7	[NmeGuide]	G.G. Hiremath
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi.
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Marma is a vital point or place in the body which when injured, ultimately kills the person. A total of 107 Marmas are described in Ayurveda. According to Sushruta, the knowledge of Marmas means half the knowledge of surgery. Rujakara types of Marmas which are eight in number are considered as pain sensitive vital points. The present study was taken up to identify these pain sensitive points experimentally. Pain threshold values were established on 100 healthy adult volunteers in the regions of hand and leg by stimulating the dermatomes using pressure gauge algometer. This instrument was devised indigenously by modifying commercial available bourdon –tube pressure gauge with a full deflection of 20 kg/cm2. The standard bourdon tube modified by attaching metallic plunger of 0.3cm diameter and the gauge was recalibrated.

Algometer tips were prepared by 4 square aluminum slabs of two different sizes. Two types of tips were prepared which were conveniently named as bristled plates and studded plates.

Pain thresholds were measured using these two types and two sizes (1 Angula & 2 Angula) of tips. The studded plates yielded higher mean thresholds compared to bristled plates. For the purpose of identification of rujakarma marmas only bristled plates were used, as pain could be induced without damaging the tissues. Identification of rujakara marmas was done on 38 healthy adult volunteers. An attempt was made to identify all the sensitive points in each volunteer. The rujakarma marmas were mapped on the dorsum of the hand & leg keeping certain bony prominences as reference points.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***FOETAL SEX DETERMINATION DURING FIRST TRIMESTER ACCORDING TO SUSHRUT***
5	[ArtEqEng]	
6	[NmeScholar]	HIREMATH. M. S.
7	[NmeGuide]	KULKARNI U. S.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	FUNDAMENTAL RESEARCH AND CLINICAL RESEARCH
18	[AnyOther]	
19	[Abst]	***Key words:*** Garbha, sex determination, Pinda, Peshi & Arbuda

Background & Aims:

Shape of Garbha as Pinda, Peshi & Arbuda is most significant & hence to study these shapes of Garbha as given in Garbha Sharir [su.sha. 3/15-19] & to establish its relation to the sex of foetus is important .

Methodology:

For this experimental purpose 50 cases were taken. Ultrasonography was done of pregnant women of 4-8wks & according to shape of embryo from the film provisionally sex of the foetus is noted & then after her delivery it was found that whether the hypothesis holds correct or not.

Results:

Out of 50 cases:

- 1 pregnant woman omitted due to spontaneous abortion
- Out of 49 pregnant women, in 4 could not identify the definite shape
- In remaining cases Pinda shape is found in 26 pregnant women and Peshi shape is found in 23 pregnant women. After delivery results are as follows-

	MALE	FEMALE
PINDA	15	11
PESHI	12	11

Interpretation:

It can be a reliable method for finding out the sex of the foetus. It is non-invasive & safe method for finding out the sex of the foetus. As sonographic investigation is available every where so we can get the sex of foetus but only thing is the result of the investigation should not be abused

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO EVALUATE THE HYPOTHESIS OF SAMA AYAMA-VISTARA GIVEN BY CHARAKACHARYA***
5	[ArtEqEng]	
6	[NmeScholar]	BHOIR U.B.
7	[NmeGuide]	PROF. DR. U.S. KULKARNI.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	LITERATURE RESEARCH
18	[AnyOther]	
19	[Abst]	***Key words***: Sama-Ayama Vistara and health.

Background & Aim:

This effort was taken to study whether the Sama Ayama-Vistara follows the criteria's of hypothesis Which states that the person having Sama-Ayama -Vistara possesses healthy long life with wealth & prosperity. (Charak Vimansthana 8/117)

Methodology:

The Ayama-Vistara of 200 persons were taken to correlate the criteria of the Hypothesis. For this measurement was considered as follow:

1) Swanguli = Length of proximal interphalangeal joint of right hand.
2) Ayama = Height of a person.
3) Vistara = Length from the tip of middle finger of right hand to the same of left hand in expanded position.

The criteria's were examined as

1) Bala: a) Sharirik Bala by fist press & some questions regarding with Vyadhikshamatwa & Vyayamshakti

   b) Mansik Bala by Nidra, Satwa, Buddhi, Oja, Adhyavasaya.
2) Oja by luster of face.
3) Sukham by Anukul vedaniyam Sukham with family life
4) Vitta by nature of work & income.
5) Aiswharya by property & happiness

Result:

1) None of person was found with Sama Ayama-Vistara but 3 persons were found having difference between Ayama & Vistara in fraction as 0.6,0.8 & 0.8
2) When the difference between Ayama & Vistara lies from 0 to 2 angula then Bala, Oja & Sukham were at its maximum. 2 to 4 angula then Bala, Oja & Sukham were at its medium.

Below 4 angula then Bala, Oja & Sukham were at its minimum.

Interpretation:

From above outcome it meant that if the Ayama & Vistara of a particular person is approximately equal, he will have long life with good Bala, Oja & Sukham. If the difference between Ayama & Vistara increases or decrease all above criteria will be more or less respectively. .

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	305
4	[ArtTitle]	***OBJECTIVE PARAMETERS OF THE RELATIVE ASSESSMENT OF TRIDOSHA***
5	[ArtEqEng]	
6	[NmeScholar]	Guru, A.K.
7	[NmeGuide]	G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present study has been planned to evaluate the objective parameters for the assessment of tridosha. Since tridosha is a biological entity, it is reflected in morphological, behavioral and functional dimensions. 72 apparently normal individuals from both the sexes were selected. Certain physical, physiological, biochemical and psychological parameters were selected for testing the validity of group characteristics of each Dosha. Stress reaction and adaptation pattern was studied following cold pressor test. Vatic individuals showed maximum increase in pulse rate, systolic and diastolic blood pressure. Body density (guruttva) has provided an important criterion for the determination of the kaphaj activity. Fluctuation of attention was found maximum in older age group of Vatic people. All the parameters undertaken represented significant association with deha -prakriti. Vatic

individuals showed a distinct pattern in all respect in comparison to paittic and kaphaj. The study has provided useful criterion for the interpretation of evaluation of objective parameters for the relative assessment of tridosha.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	52
4	[ArtTitle]	***PHYSIOPATHOLOGICAL STUDY OF VYAN - VATA WITH SPECIAL REFERENCE TO HYPERTENSION***
5	[ArtEqEng]	
6	[NmeScholar]	Abha Dwivedi
7	[NmeGuide]	Dr. (Smt.) Shobha Mobar
8	[NmeCoGuide]	Dr. P.S. Srivastava
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1996
13	[EnNo]	L88/AY/107
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	The Doshic plank of Ayurveda “Trimvirate” Dosha, Dhatu and Mal have their own significance, but Doshas are very significant because they are the force, that plays a vital role in the all activities of life, of these Doshas Vata is mot important because it keeps other Doshas, Dhatus & Malas in action as wind keeps clouds in action. Broadly this Vata has been classified in to five types as per their functions & positions in the body. Of these Vyan Vayu has it is presence through out the body. Vyan Vayu is situated in the heart and moves through out the body, thus manifesting its effects the all activities of body. Vyan vayu provides a force and energy to the heart to pump the Rasa Dhatu and also circulate this Rasa Dhatu through channel at microscopic to macroscopic level. Thus when Vyan

Vayu gets vitiated, it vitiates the function of heart and circulation producing intermittent Hypertension.

The Pran Vayu has a close relationship to Vyan Vayu, as both are situated in the heart and thus with more stress of any type produce a vitiation effect on the Pran Vayu, this also leads to vitiation of Vyan Vayu or Avrit Vayu. This stress also produces vitiation of Kapha & Pitta that also produce vitiation of Vyan Vayu, as they block the channels (AVARAN). Thus Vyan gets Avritt from Pitta, Kapha and Pran and produces clinical manifestation, which may resemble the Essential Hypertension. Blood pressure is defined as the pressure exerted by blood on the lateral wall of the blood vessels.

The exact cause and mechanism of the Hypertension is not known because of variety of systems are involved in elevation of arterial pressure; adrenergenic, renal, hormonal and vascular systems and complexity of relationship of these systems to one another. Thus cause of elevated arterial B.P. is unknown in most cases. Only in small minority of patient with elevated arterial pressure, a definable cause can be identified. On the basis of this Hypertension can be etiological classified as primary (no definable cause) 90% of patients, secondary (definable cause) 10% of patients.

This elevation of B.P. results from the circulatory disturbance that leads to increase cardiac out put and increase peripheral resistance. Thus cardiac out put increases when there is increase in blood volume. The peripheral resistance is affected by various mechanisms like neuro hormonal mechanism, rennin & kinin mechanism etc that affect the BP.

It has statistically shown that Hypertension is more common in blacks than whites and where it is common in men before age 50 and there after more common in women.

The majorities of patient with Hypertension are having no symptoms and are detected during routine checkup. The commonest symptoms are occipital headache, dizziness, palpitation, easy fatigability, impotency, blurring of vision, angina pectoris, dyspnoea due to cardiac failure. The patient may give family (hereditary) history of Hypertension or personal history of renal diseases use of steroids, weight gain with cushing syndrome and history of vascular disease.

The routine checkup like hematocrit value, serum profile, E.C.G. urine analysis is very much useful in assessing the patients.

Textual description of Vyan Vayu is available in various Ayurvedic Samhitas, their qualities, and normal functions, hazardous effects all have been detailed. But how these functions and qualities can be established on practical grounds is not obvious.

So the present study was proposed in an attempt to find out the above concept ional links in clinical approach viz. physio pathological study of Vyan Vata with special reference to Hypertension.

The patients were selected from outdoor patient department. The criteria for the diagnosis of Hypertension were followed as per the W.H.O. recommendations.

Blood pressure was recorded on both the arms, in supine and sitting postures by standardized mercy sphygmomanometer. A detailed clinical examination was carries out in each patient. In this way 50 cases were selected and the functions of Vyan Vayu were assessed on the basis of Vagbhatta in Astang Sangraha. The questions were used to assess the functions of Vyan Vayu. Thus obtained data has been analyzed to correlate the role of Vyan Vayu in physiology and pathology as described in Ayurvedic texts regarding the Vyan Vayu in special reference to Hypertension.

It has been concluded that –

The function of Vyan as elaborated in classical texts has been found deterred in the patients of Hypertension in the present series of study. Therefore it is concluded that vitiated Vyan Vayu is related to Hypertension.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***PILOT STUDY OF ASTHI MALA- KESHA WITH SPECIAL REFERENCE TO AYURVEDIC SAMHITAS AND MODERN ASPECTS***
5	[ArtEqEng]	
6	[NmeScholar]	IPPALAPALLI S.
7	[NmeGuide]	PROF. DR. (MRS.) P.B.KAMBLE
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	EXPERIMENTAL
18	[AnyOther]	
19	[Abst]	***Key words***: Asthi Mala- Kesh: - Prakruti, Ahar, Vihar

□□□□ □□

Background & Objectives:

To investigate the relationship between Asthi Dhatu & its Mala- Kesha, Kesha & Prakruti, Ahar, Vihar with the help of statistical tools.

Methodology: Following methods are used

Case Study – Survey technique is used for 90 people. Prakruti and Sarata Parikshana was done in the standard format. Questionnaires are prepared for data collection on Ahar, Vihar etc. Light microscope was utilized for structural study of hair.

Results: Normal distribution is applied. Null hypothesis is rejected & alternative hypothesis is accepted. Severity of hair fall is dependent on Asthi Dhatu, Prakruti, Ahar and Vihar including environmental factors.

Interpretation: -

1. Pitta is hot; acute unpleasant, sharp, owing to its Pitta Prakruti have too early baldness. Ahar includes oily, spicy, fast foods, hot & Amla Rasatamak increase the heat of the body. The Tej of body with other Dosha scorches up the hair root.
2. Vihar includes Chinta, Krodha, frequent use of chemical type of shampoo, not application of oil on head; Alpanidra etc. are the causative factors for severe hair fall.

Asar -Asthi -Dhatu can provide no or very less nutrients to Kesha which results in unhealthy Kesha tends to fall.

Prakruti, Ahar, personal attributes, environment factors play an important role for the maintenance of healthy hair hence, it is concluded that there is a strong relation exists between Asthi Dhatu & Kesha.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***“PILOT STUDY OF SUTRA “YAVTSVEV CHA MASESHU DANTA NISHICHYANTE TAVATSWHA SUDBHIYANTE” BASED ON ITS HYPOTHETICAL INTERPRETATION.”***
5	[ArtEqEng]	
6	[NmeScholar]	AGATE A.M.
7	[NmeGuide]	PROF. DR. S.V.PANDIT
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	BASIC RESEARCH AND FUNDAMENTAL RESEARCH
18	[AnyOther]	
19	[Abst]	***Keywords:*** Dentition, deciduous, eruption period ***Background and aim***: - As child is important personality in every family, its health judged by various milestones. Amongst these milestones, commencement and completion of eruption of teeth is one of the important stages. In Âyurveda information regarding “Danta” is sparsely given and also there is least research work done on this topic. So to know the exact meaning of this sutra and rule out doubtful concepts regarding it, the above stated topic was selected.

Methodology:

The meaning of above sutra from Kaœyapa Samhita revealing concept about deciduous dentition was interpreted as- "In what so ever months, the teeth are inseminated; in same number of days appear." For verification of sutra, hypothesis was developed with the help of modern science.

Results:

According to selection criteria 20 cases were taken and as per discussion with statistician 6 cases were studied in detail, as this was a pilot study. Period of commencement of a tooth and its completion according to Kaœyapa Samhita, modern science and actually observed period were noted down in a specific manner.

Interpretation:

The period from date of birth to 1st day of eruption given by modern science, Kaœyapa and actual seen in the case study is different. Translation interpreted from basic sutra seems to be correct with incisor teeth, but applicable to other teeth or not is the further quest. Kaœyapa might have made this sutra as a generalized statement. Also, its assessment is dependent upon multiple factors e.g. nutrition of mother and babies, racial differences, regional variations, family traits etc.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	303
4	[ArtTitle]	***PSYCHIC CONSTITUTION AND ITS ASSOCIATION WITH CERTAIN CARDIO-VASCULAR DISORDERS***
5	[ArtEqEng]	
6	[NmeScholar]	Pandey, Jaimani
7	[NmeGuide]	G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In the present thesis attempt has been made to establish correlation with certain cardiovascular disorders in relation to psychic constitution. 60 diagnosed cases of various types of cardiovasalar disorders were selected. The psychic constitution was determined on the basis of relative predominance of scores of Sattvic, Rajas and Tamas personality. From the result it is evident that rajasika people suffer more from coronary heart disease while tamsika people are susceptible for volvular heart disease. Sattvic score was found less in any types of cardiovascular disorders Cardiac arrhythmia was found more associated with rajasika type of personality. Thus it can be concluded that psychic constitution has an important role in the prevalence of Cardio-vascular disorders.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	47
4	[ArtTitle]	***RAKTASARA PURUSHA AND ITS CORRELATION WITH HAEMOGRAM - A STUDY***
5	[ArtEqEng]	
6	[NmeScholar]	Shailendra Kumar Naithani
7	[NmeGuide]	Dr. J.R. Yadav
8	[NmeCoGuide]	Dr. P.S. Srivastav Dr. M.P. Pandey
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1996
13	[EnNo]	AY/4/95
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	Charka has described to perform Das Vidhi Pariksha to get the specific knowledge about patients 'Bala' (strength). In Dasvidhi Pariksha patient is examined with reference to his Prakriti (physical constitution), Vikriti (morbidity), Sara (excellence of tissue elements), Samhanana (compactness of organs), Pramana (measurement of the organ of the body), Satmya (homologation), Sattva (psychic conditions), Ahara Shakti (power of intake and digestion of food), Vyayam Shakti (power of performing exercise) and Vaya (age). Out of above mentioned ten examination Sara is the correct measure to evaluate the strength of patient, and rakta sara purusha among other sara purush is one of the criterion to evaluate the strength of the patient. The Rakta Sara Purusha has been described by Charaka and

sushruta in a descriptive form and they have observed their own experiences about reddish color, unctuous and dazzling appearance of the ears, eyes, face, tongue, nose, lips, nails, sole of feet and genital organs, but the parameter for the assessment of Rakta Sara are subjective.

The characteristic of Rakta Sara Purusha appear to be related with cutaneous micro circulation. The dazzling reddish color of these organs is indicative of better blood flow in the skin capillaries and veins and fair amount of erythrocytes and hemoglobin.

Therefore, it can be hypothecated that there is some correlation between Rakta Sara Purusha and haemoglobin percentage, total RBC count and PCV.

For this present work eighty healthy cases were selected randomly.

Proforma was prepared on the basis of subjective characters of Rakta Sara (according to Charaka Samhita), Haemoglobin percentage, Total RBC count PVC examination, and other systemic examination. The proforma was filled after interrogation with individuals.

Rakta sara prakritsha of each individual was performed and according to extent of characters of rakta sara purusha these cases are categorized into three groups –

1. Rakta Sara group
2. Madhya Rakta Sara group.
3. Rakta Asara group.

Twenty four cases were found in Rakta Sara group, 16 cases were found in Madhya Rakta Sara group and 40 cases were found in Rakta Asara group.

The blood sample of each case was taken and Hemoglobin percentage, total RBC counts and PVC examination was performed.

These values were collected and computed in the table and statistical formulae were applied to get the results.

The mean of Hemoglobin percentage was found higher in

Rakta Sara group (15.00%) as compared to Madhya Rakta Sara group (14.05%) and this difference was proved statistically significant (p<0.05).

Similarly the mean of hemoglobin percentage of Rakta Sara group (15.00%) was found higher from the mean of hemoglobin percentage of Rakta Asara group (13.23%) and this difference was found Significant statistically (p<0.001).

The mean of hemoglobin percentage in Madhya Rakta Sara group (14.05%) was higher from the mean value of haemoglobin percentage in rakta asara group (13.23%) and this difference was significant statistically (p<0.001).

On the basis of the values of correlative coefficient of hemoglobin with score (score of characters of Rakta Sara) in Rakta Sara, Madhya Rakta Sara and Rakta Asara group (0.567, 0.539, 0.597 respectively) it can be concluded that there is a positive correlation between Rakta Sara and hemoglobin percentage, and this correlation is significant (at p<0.05 in Rakta Sara, at p<0.05 in Madhya Rakta Sara and p<0.05 Rakta Asara groups).

These factors infer that as the extent of Rakta Sarta increases the hemoglobin percentage will also be increased accordingly.

The mean of total RBC count was found higher in Rakta Sara (5.90) as compared to Madhya Rakta Sara group (5.19) and this difference was significant (at p<0.001).

The mean of total RBC count was found higher in RAkta Sara group (5.90) as compared to RAkta Asara group (4.51) and this difference was significant (at p<0.001).

The mean of total RBC count was found higher in Madhya Rakta Sara (5.19) as compared to RAkta Asara group (4.351) and this difference was significant (at p>0.001).

The value of correlative coefficient of total RBC count with score (score of characters of RAkta Sara) in Rakta Sara, Madhya rakta sara and rakta asara group was found 0.697, 0.983 and 0.418 respectively. This shows that there is a positive correlation between Rakta Sara and total RBC count and this correlation was significant (at p<0.05). It means that as the intensity of characters of RAkta Sara increases the value of total RBC count will also increase.

The mean of PVC in rakta Sara group (48.40) was found higher from the mean of PCV in Mdhya RAkta Sara (44.10) and Rakta Asara group (41.30) and this difference was proved statistically significant at ($p<0.01$, 0.001 respectively)

The mean of PCV in Madhya RAkta Sara group (44.10) was found higher from the mean of PCV in Rakta Asara group (41.30) and this difference was also proved statistically significant at ($p<0.001$).

The value of correlative coefficient of PCV with score (score of characters of Rakta Sara) in Rakta Sara, Madhya Rakta Sara and RAkta Asara was found 0.4763, 0.4139 and 0.613 respectively and these values showed that there was a positive correlation between Rakta Sara and PCV and this correlation was significant (at $p<0.05$ in Rakta Sara, $p<0.05$ in Madhya Rakta Sara and $p<0.05$ in Rakta Asara groups).

On the basis of above results one can conclude that rakta sara purusha has a definite significant positive correlation with haemoglobin percentage, total RBC count and PCV.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	67
4	[ArtTitle]	***REFERENCE TO INTELLIGENCE IN MIDDLE AGE GROUP***
5	[ArtEqEng]	
6	[NmeScholar]	Harendra Rai
7	[NmeGuide]	Dr. Y.D. Shukla
8	[NmeCoGuide]	Dr. R.P. Gupta, Dr.(Smt.) P.Mishra, Dr.(Smt.) S. Mobar
9	[Dept]	Department of Sharira
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1987
13	[EnNo]	7775/4
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharira
17	[AnyOther]	
18	[Abst]	The conclusion of present study on the basis of the above said observations and discussions are as follows:- 1. The average of the intelligence score in different three prakriti are given below Vatja Prakriti ....9.91 Pittaja Prakriti ....30.31 Kaphaja Prakriti ....22.81 2. Test of significance of difference between mean value of the intelligence score in different Prakriti are as follows:- Vataja and Pittaja .... T=15.46, P> at 0.05 for Highly significant.

Pittaja and Kaphaja …. T=8.07 >P at 0.05
for Highly significant.

Kaphaja & Vatja …. T=13.00 P> at 0.05
for 103 df. Highly significant.

It shows that in comparison to all three prakriti, individuals of Vatja Prkriti have lowest intelligence score and individuals of Pittaja Prakriti show highest intelligence score while individuals of Kaphaja Prakriti present medium intelligence score. It means the Vatja, Kaphaja and Pittaja Prakriti of the individuals is directly related to the intelligence score.

On the basis of above obtained results, it can be finally concluded that individuals of (Pittaja prakriti have more intelligence because their intelligence score are highest in value and highly significant in comparison to individuals of other prakriti). Similarly, persons of Kaphaja Prakriti have moderate or medium intelligence because their intelligence score are medium in value and statistically highly significant to other prakriti in respect of medium value of the intelligence score. Individuals of Vatja Prakriti have less intelligence because their intelligence score are lowest in value than individuals of other prakriti and also highly significant in respect of lowest intelligence score of Prakriti.

This study verifies the declaration of Ayurvedists in symptoms of various prakriti about the definite correlation ship between prakriti and intelligence in middle age group.

The study also verifies the hypothesis laid down by Ayurvedists regarding the intelligence of various Prakriti individuals. They have clearly mentioned the Pittaja Prakriti individuals have maximum intelligence in comparison to the prakriti individuals.

This primitive study paves a path of further more scientific probe in this field of research. Such work is required to be conducted in other age group e.g. childhood or old age also for any definite conclusion in this field.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	362
4	[ArtTitle]	*SAPTA-DHATUS RASA AND RAKTA DHATUS*
5	[ArtEqEng]	
6	[NmeScholar]	Murthy, K.R. Srikanta
7	[NmeGuide]	C. Dwarakanath
8	[NmeCoGuide]	
9	[Dept]	Department of Sarirakriya
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarath Ayurveda University, Jamnagar
12	[Year]	1958
13	[EnNo]	
14	[Lang]	English
15	[Study]	H.P.A.
16	[SubStudy]	Sarirakriya
17	[AnyOther]	
18	[Abst]	A synthetic integrated concept of the personality of man as a whole has to be evolved as yet, in spite of accumulating data on structures and functions of the body. The concept of Saptadhatus, primary structural entities of the body, attempts a total unified understanding of man. Dhatus support and nourish the body. This study refers specially to Rasa and Rakta dhatus for this it depends mainly on the original texts charka's dictum that "the evidence of eye is to be treated as the best is followed. Charaka mentioned dhatus in the context of nutrition and srotasas followed by Sushruta, Bhela, Kashyapa, and Vagbhatta without any of them furnishing any description of physical characteristics. Properties and functions of Sapta dhatus are summarized in a table the living man has to maintain

his structural and functional integrity by foods and drinks. Kaya is the out come of Ahara which causes growth of the various nurturning elements, i.e. dhatus and their waiting brings disease. Man is a universe in miniature. He is affected by ongoing around him. Instruments of digestion derived from different sources are turned into basic components that are assimilated into the body.

Each dhatu seemingly picks up the substance it needs Agni process the ahar padarthas in amasaya and leads them to parwasaya for absorption. Chemical factors in digestion are tabulated. Food substances are broken into their ultimate components in the intestines. Sugars are split into glucose for energy production, storage and synthesis into cellular structures. A diagram of digestive process as per Ayurveda is given. Srotas serve both as channels of transport as well as openings in themselves. Their functions are transportation and exudation. Yakrita functions with diagram are described. Rasa dhatu appears to be medium for circulation and distribution of poshaka-dranyas to all dhatus at a Fundamental level. Rakta dhatu is brilliantly red and heterogeneous in character.

1	[ArtID]	
2	[FolNo]	18
3	[SlNo]	58
4	[ArtTitle]	***THE STUDY OF UTILITY OF DERMATOGLYPHICS IN PRAKRITI DETERMINATION***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Sanjay S. Adgaonkar
7	[NmeGuide]	Dr. Mrs. Sanyukta Gokhale
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Shri Ayurveda Mahavidyalaya, Nagpur
11	[Univ]	Nagpur University
12	[Year]	1997
13	[EnNo]	Y/30541
14	[Lang]	Hindi
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The objective of the present study is to find out the usefulness of Dermatoglyphic patterns on the fingers in determining the Prakriti of an individual i.e. whether the Dermatoglyphic pattern can be used as a parameter for confirmation of Prakriti. Because of generalized problem of health, global spread of various diseases, created many problems for medical scientist the need is there for prevention of diseases rather than treating it afterwards. The role of Prakriti is prime and to achieve this, the knowledge of Prakriti examination must be complete and there must be objective and easy methods of diagnosing Prakriti. It has been observed during the course of present study that Dermatoglyphics can be of great importance as it is easy for observation and no extra effort are required for the examination

of the same. The use of fingerprints was known to us since very long period and was used to tell fortune of a person in Hastasamudrika shastra. As ayurveda is mainly concerned with the perfect health the parameter is used in diagnosing the Prakriti. The facts discovered during the present study are:

(1) The Dermatoglyphics pattern type is different from individual to individual.

(2) It has got three basic patterns namely (1) whorls (2) loops and (3) Arches

(3) There is predominance of percentage frequency of whorls in Vatala group and it can be considered as parameter of Vatala Prakriti.

(4) There is predominance of percentage frequency of loops in Pittala and Kaphaja groups but slightly more in Kaphaja as compared to Pittala.

(5) Arches in over all population are observed very less. The percentage frequency is more in Pittala group, less in Kaphaja and occasional in Vatala group.

So with the help of the observations of the staudy, we can state that Dermatoglyphics study is one of the very helpful and easy methods to determine the Prakriti of an individual. It is also seen that whorls are more in Vatala, loops are more in Kaphaja and arches are more in Pittala Prakriti.

1	[ArtID]	
2	[FolNo]	18
3	[SlNo]	98
4	[ArtTitle]	***A STUDY IN THE EFFECTS OF AROMATIC SUBSTANCES (GANDH YUKTA PADARTHA) ON SOME OF THE ASPECTS OF AYU.***
5	[ArtEqEng]	
6	[NmeScholar]	Bharat Chouragade
7	[NmeGuide]	Vd. U.S. Khandalkar
8	[NmeCoGuide]	Dr. S.G. Jyotishi
9	[Dept]	Department of Sanskrit Samhita Siddhanta
10	[Insti]	Shri Ayurveda Mahavidyalaya, Nagpur
11	[Univ]	Nagpur University
12	[Year]	1998
13	[EnNo]	Z/15529
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sanskrit Samhita Siddhanta
17	[AnyOther]	
18	[Abst]	Indriyas are pachbhautik and are meant for reception of one basic element. Each indriya receives its own artha and this is conveyed to man through which this gyan is taken to buddhi. Thus a person is aware of his surrounding or stimulus is received through indriyas and response is obtained through karmendriyas via manas i.e. ubhayendria. Thus indriyas makes person aware of his surroundings. A living being i.e. an object with ayu can distinguish favorable and unfavorable environment and other related substance through indriyas i.e. ghran which is meant for receiving smell sense or olfaction. Ghranendriya is situated in nose. It is the first (chemical) of the five sense organs in human beings. Thus indriyas ae meant to receive stimulus and response to stimulus is through karmendriyas.

Ayurveda has described various uses of aromatic substances in different ways – use of "ubtans" is well known in hindu culture, while use of scent (etra) is known in Muslims. All these applications are meant for refreshment of bad odour. Use of tooth powder having pleasant odour, massage oil etc. Use of Chandan on forehead, dhoops, agarbatties, camphor in aarti is commonly seen. Use of flowers having different fragrance (small) makes atmosphere pleasant. Gandh pushpa mala dharan in vajikaran is well described.

Significance of smell in nature is also observed as follows-

Sense of smell of human being is primitive while the same in reptiles like snake and mammals like dog is well developed. This highly developed sense in dog is utilized in identification. Many flowers secrete nectar while attracts insects for pollination. Many animals secrete certain aromatic substances as their sexual call. Fruits have sweet odour and flavor so that it is palatable and thus dispersion of seeds takes place. Ants recognize place of sweet. Many animals sense presence of their enemy as well as their prey by sense of smell.

Natural calamities occurring due to passage of poisonous gas is also known in the history. Bhopal gas tragedy due to leakage of Methylisocyanate is just a decade over instance. Burning of coal, woods and other flammable materials inside the room & polluting the atmosphere can be identified by the unpleasant and Ayurvedic literature describes may test so as examine a particular disease e.g. dustwran has rots smell, While testing a particular food stuff, sense of (odour) is suggestive of its dustruction (fermentation) Suitability of atmosphere or unsuitability is sense by sence of smell. Examination of sam and niram dosh of malas by smell is also described. Particular gandh are mentioned in the text for different constituents of the body e.g. shukra – madhugandhi etc. Palatability of a drug is increased by use of aromatic substances.

While describing "Arista" prakaran, a person whose body is emitting different type of gandha (smell) will not survive for more than a year. If a person's body is emitting different smells even in the absence of application of aromatic substance is fatal. If a person's sense of perception is altered then also his survival is doubtful. Inhalation of emetic powder sprinkled on Lotus flower for soft hearted person to perform Vaman karma is described in Ayurveda.

In Rasashastra various aromatic substances are added as flavours in the medicine so as to make it palatable. To nullify ama gandha of oil 'tail murchhana' is performed using good smelling substances. The use of aromatic substance in day to day is well known as – Bed tea, toothpaste or toothpowder and irritable odour. Liberation of suffocating chemical gases in atmosphere is increasing day by day & is hazardous for health like – CO, Methylene unburnt petrol etc. are harmful to health. Smoking may be enjoyable for smoker but provokes suffocation, cough etc. in others and it is initially present in smokers too. Due to increasing pollution today people are exposed to many upper airway diseases which have direct effect on Ayu. Thus, sense of smell which is the first sense in the body is very useful in alarming us with the pleasant and unpleasant atmosphere. It also creates a sense of well being.

Here effort is made to study the effect of aromatic substances on some of the aspects of Ayu. So that perilous substances are modified so as to give a better living opportunity to biotic component of nature in this world.

1	[ArtID]	
2	[FolNo]	18
3	[SlNo]	74
4	[ArtTitle]	***COMPARATIVE STUDY OF KALA SARIR WITH SPECIAL REFERENCE TO SLESHMADHARA KALA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Vandana Pralhad Jugade
7	[NmeGuide]	Dr. J.T. Chotai
8	[NmeCoGuide]	
9	[Dept]	Department of Sarir Racana
10	[Insti]	Shri Ayurveda Mahavidyalaya, Nagpur
11	[Univ]	Nagpur University
12	[Year]	1993
13	[EnNo]	R/9728
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sarir Racana
17	[AnyOther]	
18	[Abst]	The thesis "Comparative study of kala shareer with special reference to slesma dhar kalas" is presented in a very comprehensive form. Anatomy is the science of structural investigation. The knowledge of Anatomy and physiology is essential for the benefit of body. The subject kala is defined with broad sense as a certain plan it turns to be un-inclusive. Kala are classified in seven groups like mansh dhara, rasa dhara,etc. Mansh-dhara and pitta-dhara kala are concern with the doshas and pureesh dhara kala is related with the mala. Dosha, dhatu, mala are the root principal of physic. Slesma dhara kala is found in all the synovial joints, which lubricate

the joints. Slesma dhara kala is to be equated with synovial memberane in modern medicine.

The protection of synovial fluids is to be protected by a human being from the pain may be arising during the bone rubbing.

This thesis is an attempt to renew and equate the incident and modern views of the joint pain.

The pathological involvement of the Kala can be best studied by the Arthrocentesis as well as Arthroscopy. These tools can prove to be a golden hand for evaluation of exact role of snehana, svedana, lepana etc. on the synovial membrane. The clinical significance of drug is not the only sufficient step, but the modus operendi of medicine is most important. It is more scientific to call a vyadhi as sleshmadhara kalagat as it seems to be more precise and pin pointed. In the ever growing branches of scientific discipline the unique Ayurvedic outlook may stand out as its own scientific model. Similarly the drug effect on kala will be useful.

It is observed that the Pittadhara, Purishadhara and Slesmadhara show intermingled role in the etiopathogenesis of Amvata. A definitive and planned clinical trial in this respect may reveal another aspect of Kala involvement. The mention of slesmadhara kala and its role as a life saver for the joints by providing lubrication as well as nutrition is best substantiated by the updated know how. Being a disciple of one of the basic sciences, the SARIR, it may not admissible on my part to interfere in the field of medicine and surgery. But no research is complete with a uni-disciplinary approach. Here by the means of this thesis, we present a strong and cumulated basement for the further research.

1 [ArtID]

2 [FolNo]

3 [SlNo]

4 [ArtTitle] **A STUDY OF STRESS IN DIFFERENT PRAKRUTI WITH THE HELP OF PSYCHOGALVANOMETER**

5 [ArtEqEng]

6 [NmeScholar] Chiplunkar S

7 [NmeGuide] DR Kavita Indapurkar

8 [NmeCoGuide]

9 Name of the Journal

10 [Dept] DEPARTMENT OF SHARIR KRIYA

11 [Insti] BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE

12 [Univ] BHARTI VIDYAPEETH UNIVERSITY, PUNE

13 [Year] 2006-07

14 [EnNo]

15 [Lang]

16 [Study] MD

17 [SubStudy] Fundamental Research

18 [AnyOther]

19 [Abst]

Back ground and Aim:

This study was designed to estimate the prevalence of stress taking tendency in people of different Prakrutis and to find out any references in ancient classics that may indicate the modern day phenomenon of stress.

Methodology:

1) Literary Study: in this all the classical treatises of Ayurveda were studied in order to find any references that may indicate the modern day phenomenon of stress and a detailed study of Prakruti was also done.

2) Practical Study: with the help of a Psychogalvanometer galvanic skin resistance of 100 subjects was taken and later compared with his/her Prakruti

Results:

Out of the 100 subjects taken for the study 47 belonged of Pitta Pradhan Prakruti 32 belonged of Kapha Pradhan Prakruti and 21 belonged of Vata Pradhan Prakruti

The galvanic skin resistance mean was found to be 306 Ohms in Kaph- Pradhan- Prakruti, 290 Ohms in Vata Pradhan Prakruti and 272 Ohms in Pitta Pradhan Prakruti subjects.

Interpretation:

From the study it can be concluded that the Galvanic skin resistance was less in Pitta Pradhan Prakruti group i.e. stress taking tendency was more and Galvanic skin resistance was more in Kapha Pradhan Prakruti group i.e. stress taking tendency was less . The theoretical studies from all classical texts also matched with practical findings.

So conclusion was drawn that Pitta Pradhan Prakruti has higher susceptibility to stress and Kapha Pradhan Prakruti people have lesser susceptibility to stress.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	25
4	[ArtTitle]	***STUDIES OF DAIHIKA PRAKRITI IN PATIENTS OF KOSHTHAJA KRIMI WITH PARTICULAR REFERENCE TO AMOEBIASIS AND GIARDIASIS***
5	[ArtEqEng]	
6	[NmeScholar]	Suresh Kumar Ahuja
7	[NmeGuide]	Prof. J.S. Parashari
8	[NmeCoGuide]	Dr.R.N. Mishra
9	[Dept]	Department of Sharira
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1992
13	[EnNo]	L-83/AY130
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	

18 [Abst]

In ancient India, Ayurvedic scholars were probably pioneers to innovate PRAKRITI and VIKRITI (state of health and disease). The instructions have been issued to study the PRAKRITI is widely applied to assess the span of life, severity and prognosis of disease.

Among the people living in similar ecological environment, several suffered from infections such as Amoebiasis and Giardiasis whereas most of them overcome any sign or symptoms of disease or infection.

In present study, we have tried to determine the PRAKRITI in relation to koshthaja krimi.

The PRAKRITI is the integral part of DAHS-VIDHA-

PARIKSHA (ten fold examination) a systematic methodological approach of Ayurveda for the examination of the patients. PRAKRITI is of the paramount importance which stands in the top priority.

The word Doshaja Prakriti, Deha Prakriti and prakriti have been used in the same sense. The prakriti is formed in the Garbhashaya (womb) of the mother at the time of shukra (Sperm) shonita (ovum) sanyoga (conception) and the predominance Dosha like Eka dosha. Dwandaja dosha or Tridosha takes part in the formation of prakriti.

ACHARYA CHARAK has stated certain manifestations especially for the clinical examination of the patients. The persons of VATIK, PAITTIK and KAPHAJA PRAKRITI are more vulnerable to their respective ailments which are often to grave outcome.

In the modern age hundred of pathogenic parasites (vaikarika krimis) are known, on the other hand, there is description of krimi roga in Ayurveda, the details of its varieties described may not be in exact parlance with the modern description.

In the most of Ayurvedic texts, 20 types of Krimis are mentioned, which is based on their habitat in two groups ie. Bahya (external or Malaja) and Abhyantara (internal). The Abhyantara Krimis are divided into three sub groups according to their Yoni (causative factor) i.e. Raktaja, Shleshmaja and Purishaja, usually factors as incompatible food, Abhyashana, sweet sour food, day sleeping, leafy vegetables etc are mentioned as Nidan of Krimis. Mostly these factors are kaphavardhaka and vitiate the vata and pitta, thus mandagni is produced which is suitable medium for the inception and growth of krimis. Apakarshana Prakriti vighata and nidana parivarjana are three principles for the chikitsa of krimi roga.

The clinical features and place of shleshmaja krimims and purishaja krimis described in Ayurvedic text are very much similar to that of Giardia lamblia and entamoeba histolytica respectively.

Eight species of amoebae infected man, seven species of them that naturally parasitize but Entamoeba histolytica can be differentiated from other non pathogenic amoebae for man by severity of parasitic disease amoebiasis (intra and extra intestinal).

E. histolytica exists in two forms, the motile trophozoite and the cyst. The encysted form is the source of infection which is passed through faeces. The colonized trophozoite dwell in the lumen of the colon, divides by binary fission. The cysts are endowed with a hard wall which no drug can penetrate. Therefore, if the source of cysts, i.e. colony of trophozoites is killed, new cysts will not be formed and the preformed cyst will eventually disappear from the stools.

Amoebiasis may accur at any age or sex. This is a house hold infection. Food and water borne transmission occurs in poorly sanitized areas of the world. The pathway of transmission is contaminated water, contaminated vegetables, infected food handlers and flies and other arthropods.

In case of symptomatic intestinal amoebiasis, patients note the intermittent diarrhea. Stool may contain mucous and /or blood, flatulence, abdominal cramping, occasionally tender hepatomegaly and slight pain when caecum and ascending colon are palpated.

Giardia lamblia is the causative pathogen of Giardiasis in human. Giardia organism exists in two forms, the cystic form i.e. the source of infection and the motile trophozoite which divides by binary fission after every 5 hours. Experimental studies show that as few as 10 cysts can infect man. It is most prevalent in children because of poor hygienic conditions and malnutrition. It parasitizes the human duodenum and jejunum. The trophozoite attaches itself to the intestinal mucosa by means of ventral sucking disc. Faecal stream to large bowel carried unattached trophozoites, they will exit unchanged in liquid stool and pernish rapidly, and however the organism retract their flagella, envelop themselves in a protective membrane and undergo nuclear division.

A large proportion of patients remain asymptomatic cyst carrier whereas in symptomatic condition patient notes the explosive onset of waterly diarrhea after one to three weeks of infection. The stool has greasy appearance and floats with foul smelling, without blood or mucus. Epigastric abdominal cramping is present; distension occurs because of formation of large quantities of intestinal gas, acidic eructation and flatulence, anorexia, nausea, vomiting and low grade fever may be present.

In present study following findings were noted in Koshthaja krimi (particularly amoebiasis and giardiasis) patients.

1. Maximum incidence of Koshthaja krimi was noted during epidemiological study (based on hospital population) in age group 21-30 years (147.05 per 1000) followed by age group 0-10 years (142.85 per 1000) and majority of male patients with prevalence 130.35 per 1000 against female patients 118.18 per 1000.
2. Maximum incidence 36.37% was noted in age group 0-10 years followed by 27.27% in age group 21-30 years in Amoebiasis whereas in Giardiasis 42.36% in age group 31-40 years followed by 35.71% in age group 21-30 years.
3. Majority of patients were males in Amoebiasis 72.73% and in Giardiasis 57.14%.
4. Majority of patients were Hindu – 90-91% and 85.71% in Amoebiasis and Giardiasis respectively.
5. Students (45.46%) suffered more from Amoebiasis whereas in Giardiasis the majority were Housewives (42.87%).
6. In Educational status the patients of Amoebiasis with majority of primary educated person (36.37%) followed by High school & Intermediate educated (27.27%) whereas in Giardiasis, the majority were graduate (35.72%) followed by High school educated (28.57%) patients.
7. In Amoebiasis the majority of unmarried (63.63%) whereas in Giardiasis the majority were married (71.43%) patients.
8. The infections were dominant in middle income group where the incidence of Amoebiasis and Giardiasis were

54.55% and 64.29% respectively.

9. In Amoebiasis the majority of mixed (non-veg. + vegetarian) pattern patients were 81.82% whereas in Giardiasis the majority were of vegetarian i.e. 57.13%.
10. The infections were dominant in urban area dwellers, the incidence of Amoebiasis and Giardiasis were 81.82% and 85.72% respectively.
11. The common clinical symptoms and signs were shoola or pain in abdomen (100%) followed by krishta or lean and thin body (92%) and Atisrashta Dravamala or Diarrhoea (84%) and foul smelling stool (84%).
12. The infections were dominant in person of Kaphaja Pittaja Prakriti followed by kaphaja vataja prakriti persons, the incidence of amoebiasis and giardiasis in kaphaja pittaja prakriti were 63.64% and 51.15% respectively whereas in Kaphaj Vataja Prakriti were 22.27% and 28.57% respectively.

It can be concluded that the Giardia lamblia and Entamoeba histolytica are most commonly found in Kapha Prakriti Pradhan persons.

1	[ArtID]	
2	[FolNo]	1C
3	[SlNo]	56
4	[ArtTitle]	***STUDIES ON ANNAVAHA SROTAS WITH SPECIAL REFERENCE TO RACHANA AND KRIYA (AN ANATOMICAL AND PHYSIOLOGICAL APPROACH)***
5	[ArtEqEng]	
6	[NmeScholar]	Rao, M.M
7	[NmeGuide]	Madhusudan Shastry
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarath Ayurveda University, Jamnagar
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present study in classified into four sections. In the first section a short review of the concept of sroto vijnana as has been envisaged by the ancient authorities has been described. In this process the meaning of srotasas, their number of morbidity along with their role in health and disease has been discussed. In the second section a brief discourse on the anatomy and physiology of the Annvaha srotasas based purely on Ayurvedic principles has been mentioned. A short anatomical description of the digestion system has been presented in third section on the basis of modern medical science. In fourth section a brief and summarized description of the physiology of digestion from modern view point has been discussed. It is concluded that the srotasas are the

channels of the body which carry the body elements undergoing chemical, biochemical changes and metabolism. Annavaha srotas, on the basis of the general principle of definition, is the complex channel which carries the food till it is digested and is ready for sara kitta vibhajana. The first half of the alimentary canal represents the Annavaha srotas while the latter half is the representative of the pureeeshvaha srotas. Physiologically the Annavaha srotasa is responsible for the digestion of the ingested food material. The final phase of the digestion is Vipaka which takes place in the Pakwashaya. This involves the Bhootas.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	161
4	[ArtTitle]	***STUDY OF BLOOD PROTEIN LEVEL AFTER ADMINISTRATION OF LEHA***
5	[ArtEqEng]	
6	[NmeScholar]	J.P.S. ODEROI
7	[NmeGuide]	P.V. Tiwari, K.N. Agarwal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Lehas are the specific recipes used as liekables in children in the form of supplementry diet besides possessing potency to alleviate diseases. Lehas are of three types 1) producing non specific immunity, 2) initiating physical growth, 3) renovating intelligence. Proteins play important role in growth and development in children. So many drugs which influence growth and development usually influence protein metabolism. The present recipe (Lhea) used in the study containing Haritaki, Bibhitaka, Bala, Atibala, Chitraka, and Manjishta was fed to experimental animals to assess its nutritional value through weight gain, biochemical changes related to protein and free amino nitrogen of blood. Experiment was conducted on albino rat and rabbits. Group (A & B) albino rats were fed protein deficient diet (Group A) and normal lab diet (Group B). Rabbits of groups C & D

were kept on normal diet. Half animals of each group were kept as placebo control. At the end of experiment total proteins, free alpha amino nitrogen were found significantly increased in Leha group than placebo. Animals of group C & D gained weight significantly but showed no increased in total protein in Leha treated animals.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	56
4	[ArtTitle]	***STUDY OF DEHIK DASHAS WITH REFERENCE TO CERTAIN ELECTROLYTES***
5	[ArtEqEng]	
6	[NmeScholar]	Prabhu Dayal Dwivedi
7	[NmeGuide]	Prof. P.C. Jain, Darshanacharaya, Nyaya Tirtha
8	[NmeCoGuide]	Dr. Y.D. Shukla , Sh. Ashwini Kumar
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1980
13	[EnNo]	S.O.615
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Coming to the conclusion of this research work we see, that DOSHAS and electrolytes both have great resemblance in the presence and functions in the body. Both are equally responsible for existence, maintenance and nourishment of the body tissues. Both are located in the structural unit i.e. cell or DEHA PRAMANU performing normal physiological functions in their normal balanced state. They cause and control all the body activities and cellular reactions. Both remain active from origination of life i.e, SHUKRA – SHONITA JIVA SANYOGA TILL death of the body. Similarly hyper and hypo states of DOSHAS and electrolytes are equally responsible to produce diseases in the body and the equilibrium of the vitiated or abnormal conditions of these body constituent factors is defined as the treatment of diseases produced in the body.

To decide association between DOSHAS and electrolytes, the VRIDDHI & KSHAYA states of DOSHAS were ascertained and electrolytes were also estimated in serum. To these statistical dates 2 (chi-square) tests is applied to get the conclusion.

It is also to be noticed here that estimation of sodium as measured in the serum, may not reflect accurately the total body sodium. Thus a low concentration of serum real estimation of electrolytes, on the basic of states of DOSHAS in the body. The present study has also indicated that there is definite association between the functions of PITTA and potassium as the P value in case of PITTA and potassium is significant. As it has been described in classics that the lowering of sodium level of the body due to certain causes result to the muscular cramps. Cramp is also certain spasmodic type of pain which is the function of VATTA DOSHA in its vitiated state. Similarly when there is increase in sodium level the blood pressure goes high and symptoms like insomnia, headache, tremors, and physical weakness are produced. According to AYURVEDIC classics these symptoms are again produced by the vitiation of VATA DOSHA. These are the favorable points regarding association of VATTA and sodium which is classically present but could not be proved experimentally because there is a great fluctuation of sodium ions in body fluids and some time false representation of serum sodium estimation may also observed. A detailed experimental and clinical work is required for further probe in the present subject. On the basis of present study the following conclusions can be drawn.

1. Classically there is certain correlation ship between DOSHA and electrolytes.
2. The functions of PITTA and potassium are associated with each other proved with the significant value of P.
3. The nearest X^2 value of KAPHA cases, in relation to chloride value also confirms the association between these two substances.

The present study and its conclusion show a path and guidance for further probe in the subject.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***A DETAIL STUDY OF KANDARA IN RELATION WITH ANATOMICAL SCIENCE***
5	[ArtEqEng]	
6	[NmeScholar]	B. V. S. NAIDU
7	[NmeGuide]	PROF. DR. J. K. TERDALKAR
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	LITERATURE RESEARCH
18	[AnyOther]	

19 [Abst]

Key words: **-** Kandra, Anatomical Correlation

Back ground & Aims:

Sushrut has mentioned about Kandara in Sharir sthan 5/39.

There is no detail study was conducted about kandara until now.

There is necessity to have proper knowledge of Kandara, its structure, function and Vyadhy ect.

Methodology:

Literary study:

1) To study the Kandara on basis of its Utpatti.

2) To study Kandara on basis of Sankhya.

3) To study on basis of Snyu Prakara.

4) To study on basis of Snayu Prakara.

5) To study on basis of Kandara Vyadhy.

Cadaveric study:

1) Upper limb Kandara 2) Lower limb Kandara 3) Griva Kandara 4) Mastishka Kandara 5) Vaksha Kandara 6) Kati Kandara 7) Medhramula Kandara.

Results: According to the scholar Kandara may be called to the muscle mass ending with tendon.

Kandara of limbs end at Nakhagra Parva

Griva Kandara may end at Mastiska Bimb.

Kati Kandara ends at Kati Bimb.

Vaksha Kandara end at Medhramula.

Prusta Kandara end at Vaksha Bimb.

Interpretation:

The study was done by literary study & cadaveric study.

Kandara means Mansa- khand with Snayu. It means fleshy part of muscle & it's fibrous tissue ending in particular tendon or a point. (Nakhagra Parva ect.)

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY OF MUTRA VAHA SROTAS & ITS PANCHABAUTIKATWA AT LEVEL OF PARAMANU***
5	[ArtEqEng]	
6	[NmeScholar]	VISHWAKARMA P.R.
7	[NmeGuide]	PROF.DR. (MRS.) P.B.KAMBLE
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	CLINICAL RESEARCH
18	[AnyOther]	
19	[Abst]	***Key Words:*** - Mutravaha Srotas & Panchbhautikatwa ***Background & Aims:*** To establish certain methods for evaluating the concentration of Panchamahabhoota at level of Paramanu in Mutravaha Srotas Avayava in cadaver and in Mutra. To establish specific Panchamahabhootas- concentration in Mutravaha Srotas Avayava. To establish new parameters to assess Panchamahaboota concentration. ***Methodology:*** Dissection carried out by modern dissection method. After

dissection of Mutravaha Srotas organs, they were studied at microscopic level. After dissection the organs were crushed up to Paramanu level in water and mounted on slides and viewed under high resolution microscope without using stains and the special camera photographs were taken.

Results:

All Avayava are Prithivi, Apa, Teja Mahaboota Pradhana and Mutra is Jala and Agni Mahabhoota Pradhana. But the colours of Panchamahaboota as mentioned in Samhita are not clear.

Interpretation:

1. In microscopic study, to get correct visualization of tissue they were subjected to rubbing, friction and slicing. It was observed that all tissue show presence of Panchamahaboota but their ratio varies at different places in the Mutravaha Srotas. The appearance and pattern of design was obtained to be consistent with function of tissue. In Vrukka cortex was granular and organized for Sara- kitta-vibhajana and medulla was having linear structures - medullary rays indicating transport of liquids.
2. At level of Gavini and Basti arrangement was found to be suitable for transport and in whole Mutravaha Srotas there is little vague. This indicates that Mutravaha Srotas is Prithivi, Jala and Teja Mahaboota Pradhana.
3. Sushrut opinion about Bhaghandhara occurs in 7th layer was found to be true.
4. Clinical study on the effect of Nimba Taila in patients of HIV with skin disease was effective

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***INTERPRETATION OF SAMATVAGATA VIRYA AGE OF MALE BY METHOD OF MICROSCOPIC EXAMINATION OF SPERM***
5	[ArtEqEng]	
6	[NmeScholar]	BHAT U. B.
7	[NmeGuide]	DR. U.S.KULKARNI
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	CLINICAL RESEARCH
18	[AnyOther]	
19	[Abst]	***Key words:*** - Samatvagata Virya, Sperm count.

Background & Aims: -

▯ This work was done to re-evaluate the hypothesis of Samatvagata Virya given by Sushrutacharya in Sutrasthana 35/13.

Due to limitation among all Dhatu only Sthanik Sukra Parikshana was considerable which is responsible for Garbha utpatti. Limitations of dissertation work- the only Sthanik Shukra Dhatu in male was taken for the study and concentration was done on what would be the meaning of

Samatvagata related to Sthanik Shukra?

According to Dalhanacharya, Samatvagata means Paripurna Dhatu [full grown up male as per Ayam Parikshana].

Methodology: - Study of Shukra Dhatu was done according to Sushrut Samhita and modern text books & Questionnaire was prepared.

60 male volunteers of age group 18-30 yrs were selected divided in two groups

Group I- 30 volunteers below 25 yrs

Group II- 30 volunteers above 25 yrs

Sthanik Sukra Parikshana was done by modern methods considering Ayurvedic and modern Lakshanas.

Result: -

Among all Shukra Lakshanas, only Madhura Guna has shown significant result in Group II. Ayama Parikshana shows positive relation with Group II

Interpretation:-

Shukra Dhatu should have characters like white colour liquid (Drava), Viscous (Snigdha), Normal fructose level (Madhura), Seminal odor (madhu Gandhi), Normal sperm count (40-120 million/ml) , Motility at 1 hr (> 60% with grade III or IV) , Abnormal forms (< 10-12) .This Shukra can be considered as Samatvagata Virya, which will be Phalawat, as mentioned in Samhita.▯All these characters of Shukra observed maximum in group II thus Samatvagatatva comes after 25 yrs in male. So Ayama Parikshana is showing positive relation with age group II. Hence Shukra taken for study is verified.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY OF SUTRA GIVEN BY ACHARYA SUSHRUTA ABOUT ANGULI PRAMANA***
5	[ArtEqEng]	
6	[NmeScholar]	MANKAR A.
7	[NmeGuide]	PROF. DR. U.S. KULKARNI.
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	FUNDAMENTAL RESEARCH
18	[AnyOther]	
19	[Abst]	***Key Words:*** - Anguli Pramana [Ayama Vistara], Sharirik & Mansik Bala. ***Background & Aims***: Examination of patient according to Anguli Pramana [Ayama-Vistara] helps in prognosis of disease. To study the sutra given by Acharya Sushrut in Aturopkaramaniya Adhyaya about Anguli Pramana [su.su.Adh35/15]. According to sutra if the Ayama of Purusha is exactly 120 Swanguli, he gets everything in his life & he is having long life without any disease.

Methodology:

For this experimental purpose 200 volunteers of age above 60 years were selected .A specific format of case paper was prepared to evaluate the Swasthya of the person.

Results:

Sharirik Bala in Pramanvat Sharir:-

In individuals having Uttam Sharirik Bala-18.35%

In individuals having Madhyam Sharirik Bala -37.97%

In individuals having Heena Sharirik Bala -43.67%

Mansik Bala in Pramanvat Sharir:-

In individuals having Uttam Mansik Bala -14.28%

In individuals having Madhyam Mansik Bala -85.7%

In individuals having Heena Mansik Bala –not found

Interpretation:

-Those having Pramanvat Sharir have Madhyam Sharirik Bala so positive relation between those two criteria.

-There was no positive relation between Pramanvat Sharir & Uttam Sharirik & Mansik Bala

-Persons having Apramanvat Sharir were also not having Heena Sharirik Bala & Mansik Bala

-There is definitely positive relation between Pramanvat Sharir & Dirghayu.

-In collected data the relation between Anguli Pramana & Bala was not established

4.1. FUNDAMENTAL AND LITERARY RESEARCH

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***SHARIR RACHANATMAKA STUDY OF TWAK SHARIR WITH SPECIAL REFERENCE TO COMMON SKIN DISEASES IN AIDS PATIENTS***
5	[ArtEqEng]	
6	[NmeScholar]	THOTA. S.
7	[NmeGuide]	PROF.DR. (MRS.) P.B.KAMBLE
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	CLINICAL RESEARCH
18	[AnyOther]	
19	[Abst]	***Key Words:*** - Twak and seven layers.

Background & Aims:

Research is done for establihing new facts, discarding the old to validate old principles with fresh proofs. In order to do research in Rachana Sharir one should not go for modern method of dissection as it may give some false interpretations. Thus keeping all these facts in mind the researcher has planned to study in detail regarding all the aspects dealing with Twak. The research is done based on Sushrut Samhita, Sharir Sthana Sloka no 4/3.

Objective of the study was to evaluate the exact meaning of Sloka given by Sushrutacharya in his Sharir Sthana 4/3 regarding Twak. And to study literature about Twak from other Ayurved Granthas and skin from modern texts and establish its relation with Sushrut concept on Twak

Methodology:

While referring to Ayurvedic Literature about Twak described previously, every one comes across three queries,

1. How many are the number of skin layers?
2. Does thickness of each layer given by Sushrut correlates with that of thickness given by modern anatomy?
3. Is it possible to locate skin disease mentioned by Acharyas in that particular skin layer?

Here detailed study of Twak is carried out in three different chapters with experiments. All the chapters and experiments are based only on Sushrut Sharir Sthana 4/3.Clinical study was carried to establish a relation between these three chapters with that of skin disease in AIDS patients.

Interpretation:

1. All the seven layers were visible, as mentioned by Sushrut in Sharir Sthana 4/3 and were given nomenclature based on modern science.
2. Thickness of all the 7 layers of Twak was found to be 6 mm.
3. Sushrut opinion about Bhaghandhara occurs in 7th layer was found to be true.
4. Clinical study on the effect of Nimba Taila in patients of HIV with skin disease was effective

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	44
4	[ArtTitle]	***STUDY OF VATA DOSHA WITH SPECIAL RELATION TO ACETYLCHOLINE***
5	[ArtEqEng]	
6	[NmeScholar]	Bharat Kumar Verma
7	[NmeGuide]	Prof. P.C. Jain
8	[NmeCoGuide]	Prof. Y.D. Shukla
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1984
13	[EnNo]	B.V.4
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In order to validate the co relation of VATA DOSHA with acetylcholine, a series of twenty male normal persons were studied. The selected cases were subjected to "PRAKRITI PARIKSHANA". This was conducted with the help of a proforma applied in post graduate department of Sharir, State Ayurvedic College, Lucknow. The study of neurohumoral changes as related to PRAKRITI, VAYA, SEASONAL different phases of digestion, absorption and metabolism, and different phases of digestion, absorption and metabolism, and different phases of digestion, absorption and metabolism, and different parts of day and night, variations identifying to the change in VATA DOSHA. The author adopted the method of H.P. Pandey at.al (1975) for the biological assay of acetylcholine, the blood samples were taken from male normal persons in different seasons (GRISHMA VARSHA and

SHARADA RITUS), different parts of day (6.A.M. 12 A.M and 6 P.M.), different parts of night (at bad time i.e. 9-10 P.M. mid night 12 P.M. – 1 A.M. and in early hour i.e. 4-5 A.M.), in relation to meal (Before meal, after take meal and 4-6 hours taken meal) and in different age (Vaya) groups i.e. in range of 1-15 years of age, 16-44 years of age and above 45 years of age.

On the basis of observations in respect to different seasons, the mean value of acetylcholine was found higher in VARSHA RITU and lesser in SHARADA RITU. The mean value of acetylcholine has been found greater in after 4-6 hours of taking meal and lesser in before meal. The mean value of acetylcholine was associated with different parts of day. Was noted that the value of acetylcholine was higher at 6. P.M. (i.e. evening) while it was low at 6 A.M. it has been also noted that the mean value of acetylcholine was found increase at early hours of night (i.e. 4-5 A.M.) in companies to at bed time and mid night in all PRAKRITI individuals has been also noted that the mean value of acetylcholine is relatively low in childhood and gradually increasing with advancing age. Lastly it was observed that the mean value of acetylcholine was found higher in VATAJA PRAKRITI, PITTAJA PRAKRITI persons fell in the medium Ach level while in KAPHAJA persons were at the lowest level of Ach. It can also be proved significantly by statistical evaluations.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY OF VERTEBRAL COLUMN IN SPECIFIC VATAVYADHI THROUGH YOGASANAS IN THE VIEW OF SHARIR RACHANA***
5	[ArtEqEng]	
6	[NmeScholar]	SARADA. RACHANA
7	[NmeGuide]	PROF. DR. (MRS.) P.B.KAMBLE
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPT. OF RACHANA SHARIR
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	EXPERIMENTAL STUDY
18	[AnyOther]	
19	[Abst]	

Keywords: Vertebral Column, Vatavyadhi, Yogasanas

Background and Aims:

Of various Vatavyadhi Katishula is one of the most common in the society which is related to vertebral column, more specifically to lumbosacral region. People suffering from Katishula mainly due to their own faults of leading a secondary life style and the wrong usage of their backs. So In this context Asanas are easily practicable, cost effective, maintain the health without having any side effects.

Methodology:

1. Selection of patients of Katishula was taken after a detailed

case history and physical examination.

2. A/P and Lateral view of lumbosacral spine were taken before and after practicing Asana
3. Selected Asanas are divided into two groups. The first group of Asanas was taught in first month of study.
4. Second group of Asanas was taught in second month of study.
5. Follow ups were taken on every fifteen days.
   6. Patients are assessed clinically & radiologically.

Results:

Results are made according to Occupation / Laxanas / Muscle spasm / Pain grade scale No. / Spinal movements etc. The values obtained are highly significant .

Interpretation:

1. Spinal extension Asanas reduces Katishula due to, correction of contour of spine and correction of the balance, length, strength, mobility and elasticity of muscles.

2, Comparative X- ray studies before & after practicing Asanas show restriction of the disease process.

3. Through this research study it is proved that spinal extension Asanas have therapeutic role in Katishula related with lumbosacral region

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	26
4	[ArtTitle]	***TO EVALUATE NORMOGRAM OF RAKTAGTA SNEHA WITH SPECIAL REFERENCE TO CERTAIN SERUM LIPIDS - SERUM CHOLESTEROL AND SERUM TRIGLYCERIDES***
5	[ArtEqEng]	
6	[NmeScholar]	Rakesh Kumar Singh Bhadauria
7	[NmeGuide]	Dr. J.R. Yadav
8	[NmeCoGuide]	Dr. R.N. Mishra, Dr(Smt) Shobha Mobar
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1992
13	[EnNo]	L-809188
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present study has been performed on the line of aim and object and conclusions have been drawn on the basis of observation and discussion. But according to per statement of Sushrut (Su.Sut. 15/44) the accurate quantity of DOSHA, DHATU and MALA may not be measured. He says, since the temperament, constitution, size and the fundamental principles of the body vary in different individuals; (and since the body in its turn, undergoes such gradual transformations as infancy, youth and old age), and changes its state each moment, it is absolutely impossible to lay down the exact quantity of the deranged humors, excrements and fundamental principles of lymph, chyle, blood, semen, albumin, etc). That may be found in the human organism.

As it is a preliminary study on this line, so finally any result may not be given, but after this study it is felt that on the basis of lipid profile the normogram of RAKTAGAT SNEHA (vasa) may be any how measured.

The following conclusions have been drawn by this study:-

1. The range (total 110 volunteers) of serum cholesterol was found 126 to 221 mg. per 100 ml. with the mean value 178.65 ±25.65.
2. The serum triglycerides ranged from 17 to 160 mg. per 100 ml. with the mean value 93.38 ± 40.16.
3. The amount of both serum lipids i.e. serum cholesterol, and serum triglycerides increase according to age, blood pressure, body weight and dietary habits of the person.
4. In females, the level of serum cholesterol and serum triglycerides was observed little higher than the males.
5. Occupation of the respective individual also affects the level of serum cholesterol and serum triglycerides for e.g. household ladies and labor class show higher level of serum cholesterol and businessmen shows increased level of serum triglycerides than other occupational groups.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	75
4	[ArtTitle]	***VERIFICATION OF NUMBER OF BONES MENTIONED IN DIFFERENT AYURVEDIC SAMHITAS WITH SPECIAL REFERENCE TO OSSIFICATION CENTRES***
5	[ArtEqEng]	
6	[NmeScholar]	Pravakar Samal
7	[NmeGuide]	Dr. M.P. Pandey
8	[NmeCoGuide]	Dr. J.N. Mishra, Dr. G.P. Tiwari
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1995
13	[EnNo]	AY/1/1995
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	
18	[Abst]	Human body delimited below by the soles of the feet, above by the tips of the hairs and all around by the skin. The space so delimited is filled up by the three factors i.e. Tri-dosha, Sapta-Dhatu and Malas. Asthi Dhatu is the fifth one in the developmental origin of the body. It is found inside the muscles and known as Hada. From the vedic period to till now, it is well known to all. According to Ayurveda the foetal asthi is the gift of the father (Pittrija Bhava). It is developed from previous modern concept is the gradual bone formation through osteogenesis i.e. ossification. It is the hardest tissue in the body due to the excessiveness of Parthiva Tatwa. Dalhana mentioned that Prithvi, Vayu and Agni are the predominant Tatwas for the formation of Asthi Dhatu. The

solidity, heaviness and steadiness are due to the prithvi. The roughness and solidity are the result of Vayu and Agni for their liquid absorption function. Absorption of liquid and the cavity formation in the bone are the functions of Vayu. On the other hand the bony tissue is mesoderm in origin, which includes denture to the concept of primitive embryonic layer, was introduced over a century age (Hertwing 1881). As this is highly vascular, living; constantly changing, mineralized connective tissue. The predominance of Prithvi Mahabhuta in skeletal system is appreciated in osteology by mineralization of bony tissue tin general and deposition of calcium and phosphate in particular, which cause the increase in gravitational property. The maintenance, collection and remodeling of the bony tissue is performed by Asthivaha srotas which is comparable with bony vascular and Haversian system. The hormonal or enzymatic factors responsible for calcium balance in the skeletal system which are still to be ascertained may be represented by Asthyagni. The chondrocytes (pre-bony cells) contain glycogen and lipids; probably this lipid has been highlighted in Ayurveda as prerequisite of Asthi Dhatu. As the cavitation formed by Vayu, so the primary ossification centers appear by enlarging the Cartilage cells to become vacculate and as a result of calcification leaving the large lacunae as primary areole and later on develop further.

The five varieties of Asthis i.e. Kapalasthi, Nalakasthi, Valayasthi, Tarunasthi and Ruchakasthi are no way dissimilar to modern classification.

The bones have variety of functions. They –

* Provide the frame work of the body;
* Give attachment to muscles and tendons;
* Permit movement of the body as a whole and parts of the body, by forming joints that are moved by muscles;
* Form the boundaries of the cranial, thoracic and pelvic cavities, protecting the organs they contain;
* Contain red bone marrow in which blood cells develop;

* Provide a reservoir of calcium.

These functions do not differ from Ayurvedic Concept.

The development of bone tissue or osteogenesis begins before birth and is not completed until about the 25th year of life. Long, short and irregular bones develop from cartilage models except calvicle, some flat bones from membrane and sesamoid bones from tendons.

The classical books have mentioned the different number of bones in different parts of the body and enumerated the total number present in a body or in a part. Chark counts 360 bones including nails, teeth and their alveoli. Sushruta differs from Charak and puts 300 in number and the same view is shared by Buddhaghosa himself. Vagbhatta dittos the Charak Samhita. But According to modern anatomy, the skeleton consists of 206 bones. Many commentators have interpreted from different angles through many convincing arguments. However, satisfactory events could not be collected to give result as to why a bone has been numbered into many such as a rib has not been counted into one numbers.

The primitive stage of bone is the ossification which bears many fix centres for future bones. Sushruta has viewed 300 asthi in skeletal system on the basis of primary pre ossification stage, because the counting of primary cartilaginous ossification centers is equal to Asthis, mentioned by Sushruta compared with regional anatomical basis also. Charak has included Dentoulukhal, Nakhas, Ansa, Janu and Hanumula Bandhana which are not either bones or separate bones. Thus this school also reaches near the concept of school of sushruta whereas modern anatomist has counted the complete adult bones which are 206 in number. This shows our Ayurvedic Acharyas have this knowledge. Therefore, they counted the bones through this fixed aggregation of osteoblasts.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	23
4	[ArtTitle]	***A CLINICO ANATOMICAL STUDY OF APASTAMBHA MARMA WITH SPECIAL REFERENCE TO PRANAVAHA SROTASA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Naveen Dubey
7	[NmeGuide]	Dr. J.N.Pandey
8	[NmeCoGuide]	Dr. J.N. Mishra , Dr. Akhilesh Garg
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1993
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Presnt study aims to establish clinico-anatomical status of Apastambha marma and reviewing the effect of trauma to this marma. Signs and symptoms as given by Sushruta are also viewed in reference to their symptomatological association with the pathological state of PRANAVAHASROTAS (PRANAVAHASROTODUSHTI). A study of various conditions which clinically can be related to VATAPURNAKOSHTHATA is also carried out to help understaqnd the meaning of this term. A review of clinico anatomical status of PRANAVAHASROTASA is also done with principal consideration being given to the view of Sushruta on it.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	21
4	[ArtTitle]	***A COMPREHENSIVE STUDY OF SHUKRAVAHA SROTAS WITH SPECIAL REFERENCE TO SPERMATOGENESIS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. R.B.Shukla
7	[NmeGuide]	Dr. A.K. Garg
8	[NmeCoGuide]	Dr. J.N. Mishra, Dr. J.N. Pandey
9	[Dept]	Department of Rachana Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	2003
13	[EnNo]	L-AY-173/2000
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Rachana Sharir
17	[AnyOther]	
18	[Abst]	The purpose of Ayurveda is a fold i.e. prevention of health of healthy person and to cure the disease of unhealthy individuals. For the achievement of aforesaid goals of Ayurveda the knowledge of Srotas is of a fundamental importance. The knowledge of Srotas is traced back to Vedic period which denotes the tubular structures used for transpiration. In Ayurveda the knowledge of Srotas is a unique concept. Srotas is taken as a hollow structure having many cross sectional shape that is Dirgha, Anu, Sthula and tubular etc. they are numerous in the body which can not be counted, therefore it has been said that human body is a aggregation of Srotas. The term srotas has been used in classical books in the sense of conduits and it is characterized by its specific function that

is a "Srawana Karma" which is possible only in the capillaries. The srotas viz-a- viz. capillary play a vital role in noursing the Dhatu (cell) and eliminating the wastes with the help of specific rachna "Ayanmukha" they may be called pores of a capillaries. The exchange of tissue fluid with the blood circulation continuously goes on through this Ayanmukha under the three options (Srawana) which is collectively known as filtration, diffusion and osmosis, which is physiological aspect of srotas. Through this Karma supply of Rasa (nutrient) is provided throughout the body to nourish Sthayi Dhatu.

The term srotas has been used in classical books in continuity of dhamni, sira and srotas which draws the attention that they are three parts of single system. Dhamni is recognized by dhamna karma. The sira is recognized by sarana karm and the srotas is recognized by the srawan karm.

The functions which are carried out by Srotas are given below.

1. All the structural entities are originated form srotas.
2. Srotas maintain the structural entities of the body to prevent their diminution.
3. As long as these channels of circulation perform their normal function, the body is free from disease.
4. Srotas carrying Dhatus (tissue element) under going metabolic transformation to their destination.
5. Rasa spread throughout the body through the Srotas.
6. Srotas excrete the mala from the body.
7. Development and nourishment of the different Bhavas of the body is no possible other than srotas.
8. Any abnormality in one dhatu causes abnormality in other dhatu and srota leading to disease.
9. Due to morbidity of Srotas the Sharir dhatu whether in passage also get affected. Likewise morbidity of other srotas affects the respective contents, the srotas affects the srotas and so the dhatu because of vitiating nature, vitiated vata pitta and kalpha vitiate all of them.

CLASSIFICATION: - The Srotasas in the body are numerous and it can not be counted. Vitiation of these srotasas leads to disease. The knowledge of their vitiate state is essential for maintenance of health. One can not recognize aqmong these srotasas which srotas is in the vitiated state or which one is in the normal state, that is why the classification of Ashankhaya srotasas has got no clinico pathological significance. From the clinico pathological point of view it was necessary to classification them into 13 group of srotasas. Under this classification of main Srotasa. Shukravaha srotas stands as a group of srotasas, which act as a production of reproductive tissue and its transportation. The formed substances are carried by the passage known as shukra vaha storas. It extends from the seminiferous tubules the penile parts of urethra.

The Structures which connect the testes to the Shepha, are seminiferous tubule epididymis, vas deferens, ejaculatory ducts, seminal vesicles the prostatic part of urethra and penile part of urethra.

Sperm is produced in the seminiferous tubules and passes into the epididymis. Here sperms are stored and physiologically get matured. The motility of these cells is aided by the secretion from all the accessory glands of the reproductory tract. These secretions act as a lubricant and give a particularly neutral medium for spermatozoa and probably have other function. The discharged shuka (sperm+Secretions of glands) is initiated by peristaltic waves moving along the tub leading from the testes. It is ejaculated through the urethra under control of the bulb cavernosus and ischiocavernosus muscles. This ejaculated shukra is called bahya shukra or semen. This bahaya shukra is an out come of the digestion of different Dhatus from Rasa Dhatu upto shukra dhatu as a result of the action of Dhatwagnis of respective dhatus.

Semen is a fluid consists of a sperms and various fluids. In an adult a single ejaculation, the volume of semen averages 3 ml. And it contains 2.5 to 22.5 crores of spermatozoa. Spermatozoa are produced by the testes from the age of 16 to the age of 70 years after which this function ceases slowly.

Vrishana is an organ where sperm and testosterone both are produced at their respective site i.e. seminiferious tubules and ley dig cell. The male hormones (testosterone) and female hormones both are found in male and female, but their quality varies considerably, more of androgen in the male and of estrogen in the female. The androgen secretion of the male known as testosterone passes into the blood stream and directly circulates through out the body. The shukradhara kala which borne the intrinsic shukra may be called the endothelial lining of circulatory system, in spite of that the shukra dhara kala is also line in shukravaha srotas.

The function of intrinsic shukra (hormones) is much more similar to the function of shukra dhatu laid down in classical books of Ayurveda. These are as follows.

1. It has anabolic activities in the body which lead to strengthening the previous Dhatu.
2. It is responsible for the production of primary and secondary sexual characters.
3. It makes the skin lustrous and attractive.
4. It also affects on the protein formation and muscular development and thus helps to improve the muscle strength and vigour.
5. Deficiency of this hormones lead into feminine feature to a man such as loss of moustache, enlargement of breasts etc.
6. It influences the bone growth and calcium retention, thus it modifies the pelvis suitable for male characteristics.
7. It increases the basal metabolic rate which improves the work efficiency and strength (Bala).
8. It is responsible for behavioral pattern i.e. dhairya, preeti, excitement etc.
9. It promotes growth of semen forming organ. From there semen comes out which is in Ayurveda known in term as Chyawan. The above function of shukra (extrinsic shukra and intrinsic shukra) will occur only in normal condition of shukravaha srotas, both physiologically & anatomically.

Moola of Shukravaha srotas in Ayurveda have been mentioned from the clinical aspect which can be assessed by their Moolas. Difference of opinion appears in classical books, Sushruta believes stana and vrishan while Charak believes Vrishan and Medhra as their Moola. By this Moola one can assess the physio pathological status of Shukravaha srotas. On the basis on entire description of shukravaha srotas it is concluded that, the school of Sushrut has included both type of Shukra (extrinsic and intrinsic) where as Acharya Charak has stressed upon only the extrinsic type of shukra. It appears that the description of Sushruta regarding their Moola has got clinic pathological approach. Any abnormality of shukravaha srotas; whether it may occur any where, from vrishan to shepha will affect first vishan or stana.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	12
4	[ArtTitle]	***A CRITICAL STUDY OF ANNAVAHA SROTAS WITH SPECIAL REFERENCE TO PITTADHARA KATA***
5	[ArtEqEng]	
6	[NmeScholar]	Sunita Kumari
7	[NmeGuide]	Dr. J.N.Mishra
8	[NmeCoGuide]	Dr. J.N. Pandey , Shri P.S. Shukla
9	[Dept]	Department of Rachana Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	2004
13	[EnNo]	L-AY382/2000
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Rachana Sharir
17	[AnyOther]	
18	[Abst]	Pittadhara kala is one of the seven types of kalas in the body. It has been mentioned in Agnipuran as sixth kala Sushrut, Vagbhatt, bhavaprakash have mentioned it as the structure situated between amashaya and pakwashaya. It is responsible for anna graham, pachan, soshan of nutrients, vimunchan of waste products. In modern literature lining membrane of small intestine is resembles pittadhara kala structurally and functionally. It is interpreted as mucous membrane or lining membrane of entire small intestine by different commentators-Ghanekar, D.S.Gaur, Dhirendranath Banerjee, K.L.B. Singhal and Guru. Pittadhara kala holds the pachak pitta which appears to be secretions secreted by small intestinal membrane. It also includes pancreatic secretions and bile which are responsible for completion of digestion of food. Ghanekar has followed the similar approach as mentioned above.

According to C-Dwarakanath pachak pitta is the internal secretions secreted by pittadhara kala and its concept appears to be a complex one. An energy which resides in pitta and accelerates all the function of digestion and absorption is known as 'pachakagni'.

As pittadhara kala receives the food it is termed as 'Grahani'. On other hand 'grahani' as described as an organ by charak. It is situated above the nabhi and performs similar functions as stated in pittadhara kala. According to Gaur 'agnyashya' situated above and left of nabhi and 'dahanashaya' below the amashaya resemble the organ 'Grahani'. Gananath sen has explained proximal twelve finger part of kshudra antra as grahani. Gananath sen has explained proximal twelve finger part of kshudra antra as grahani. In modern anatomy it is observed that it is duodenum which lies above the umbilicus and is twelve finger breadths in length. Anatomically, organ 'Grahani' appears to be duodenum but grahani can not be restricted only upto duodenum because the process of digestion and absorption continues in whole part of small intestine. So entire small intestine should be considered as grahani on the criterion of 'Ama pakwashaya madhya'.

And 'Pittadhara kala' may be lining membrane of small intestine from pyloric end of stomach to ileocaecal junction, because this demarcates between cavity of ashaya of small intestine and mamsa dhatu participating in the formation of small intestine. Pittadhara kala is termed as ghrahani duo to following reasons –

(a) Being a component part of organ grahani.

(b) Receiving the food materials (characteristic of grahani).

(c) Having function similar to grahani i.e. graham, dharan, pachan and shoshan.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	41
4	[ArtTitle]	***AN ANATOMICO PHYSIOLOGICAL CONCEPT OF MUTRAVAHA SROTAS WITH SPECIAL REFERENCE TO URINARY SYSTEM***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Pradeep Kumar Chouhan
7	[NmeGuide]	Dr. A.K. Garg
8	[NmeCoGuide]	Dr. J.N. Mishra
9	[Dept]	Department of Rachna Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	2002
13	[EnNo]	L-AY.107/99
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Rachna Sharir
17	[AnyOther]	
18	[Abst]	On the basis of the review conducted points srotas are not only capillaries or intracellular spaces but these 4 are all the fine or large tube, which are responsible for circulation and exchange of substances. Srotas are very small branches of large tubules coming out from heart are srotas i.e. srotas are present in between end arteries of aorta (And other arteries) and origin of veins from multiple tributaries. End of Dhamanis and starting from sira have invisible pulsation. These structures are called capillaries i.e. Srotas are not only fine tubules but these are hollow structures responsible for circulation of all body fluids other large (Sthool) tubules are also called srota. Nine external pores of body (in female 12) are also srota. Considering all

above points we can say that Sira, Dhamani and Srotas are having similar functions, now a days these are called channels of transport (Parivahan Pranali). Siras are called Veins, Dhamani are arteries and Srotas are capillaries and Sansthan is systems.

Srotas is the part of circulatory system barring Sira and Dhamani, physiologically established by its highly specific function that is Srawan with the help of Ayan Mukha but may be demonstrated anatomically by the absence of outer two layers of the vessels terminating into transparent multishaped structure being modified morphologically by its place in the tissue. The Srawan Kriya of Srotas includes filtration, osmosis and diffusion.

Mutravaha Srotas may be confined to the micro urinary system leading to Ureters and Vasti, which are macro complimentary structure of Mutravaha Srotas. The Vasti has been highlighted in classical books with respect to Mutravaha srotas due to its clinical identity under the assessment of physiological status of Mutravaha srotas.

Ayurveda has correlated the urinary system with gastrointestinal tract, with special reference to urine formation. The reason being gastrointestinal tract remotely guides the urine formation and it depends upon the input of the gut. Therefore the gastrointestinal tract may be taken as an excessive organ of urine formation system under classical note.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	17B
4	[ArtTitle]	*ANNAVAHA SROTAS PAREEKSHA*
5	[ArtEqEng]	
6	[NmeScholar]	Dr. K. Purushothama Prabhu
7	[NmeGuide]	Dr. C.P. Chapannamath
8	[NmeCoGuide]	Dr. B.G. Gopinath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The method of approach is based upon Shastra is applied and examined in 100 cases. By this we can say that the various diseases can too diagnosed and confirmed as per Ayurvedic methods of approach. Though the Diagnosis can be made according to lakshanas in order to confirm and as a supporting evidence for diagnosis. Laboratory and radiological investigations are necessary in order to put the ayurvedic science in scientific way. As the days are advancing the new symptoms may be found in the particular disease. They are the new symptoms. Or the modification of the symptoms can be inferred. In Shakashrita kamala Yakrit Vriddi is noticed in all cases. Where as neither Charaka nor sushruta or Vagbhata has mentioned this sign. Attributing the organs of particular Srotas and their Moolas are yet to be confirmed and a standard method is to be fixed for this purpose.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	48
4	[ArtTitle]	***CONCEPT OF SROTOMULA IN VIEW OF SROTAS VIS-A-VIS MICROCIRCULATION***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Pankaj Gupta
7	[NmeGuide]	Dr. J.N. Pandey
8	[NmeCoGuide]	Dr. J.N. Mishra
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	2001
13	[EnNo]	L-ATL135/98
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The facts about structure of srotasas can be concluded as:- 1. The Srotasas are similar in color to that of Dhatus, they transport. 2. They are hollow, cylindrical, macroscopic, microscopic, long, straight or reticulated. 3. Srotasas are very minute branches of gross channels originating from organ, cavity in the body like heart. 4. Structures called as Srotas do not include siras and dhamanies. 5. Srotasas transport the Rasa and supply to all part of the body. 6. All Dhatus of the boy get nourished by oozing or permeation phenomena through the pores present in the srotasas.

The functions performed by the storas at different places in the body are carried out by various structures of the srotasas.

1. Srawan Karma (secretion) – it is the function of all membranes of the body.
2. Vahan Karma (transportation) – it is the function of endothelial lining of vessels.
3. Poshan Karma (Nutrition) – it is function of lymph and blood vessels.
4. Shoshan Karma (Absorption) – Absorption of digested food is carried out especially by mucus membrane of small intestine but other structures also perform it.
5. Grahan Karma (Storage) – it is the specific function of sinuses of liver.
6. Pachan Karma (Digestion) – it is the function of mucus membrane of stomach.
7. Vivechan Karma (Selectivity) – it is the function of mucus membrane of duodenum and kidney.
8. Nisravan Karma (Elimination) – it is the function of membrane of eyes, nose, rectum and urinary tract.

MULA of the Srotas denotes the structure responsible for the monitoring of the status of the different srotasas.

Hridaya, maha srotas, rasavahi dhamanies are closely associated with the pranvaha srotas. The healthy heart ensures the good pulmonary circulation. The patency and elasticity of the pulmonary vessels are responsible for better aeration. The dysfunction of maha srotas gives rise to distention and belching which restricts the longitudinal expansion of the thoracic cavity. The mulas mentioned by Sushrut and Charak may be meters for ascertaining and ensuring the health for pranvaha srotas.

The water is important element for the living body and this is restored by micro channels carrying fluid. The over all water micro channels of the body may be supervised by talu Pradesh and Kloma or these channels may be monitored through talu and Kloma. The present work talu with the pituitary resting on the middle cranial fossa which secretes antidiuretic hormone which controls the water of the body and Kloma has been interpreted with the supra renal glands which also monitor the body fluids.

Annavaha srotomula which may decide the pathophysiological condition of maha srotas with slight differentiation between two schools of thought. The clinical examination of vama parshwa may elicit the Annavahi dhamanies (Portal system) which further tells about the status of amashaya and grahani, but amashaya in particular with respect to varices.

The srototmula of rasavaha srotas are hridaya and rasavahi dhamanies which are similar to pranvaha srotas with respect to pulmonary and systemic capillaries.

The Raktavaha srotomula as pleeha and yakrit impart clinical assessment regarding haemopoesis and reservoir.

The srotomula of mamsavaha srotas as snayu and raktavahi dhamani reflect the muscle fibers stand for contractile movement enclosed within the tubular system. The strength of any muscle depends upon the microcirculation of the muscle and the tendon of the muscle. The twacha as an additional mula mentioned by both schools of thought needs separate work. However abhyang and development of the muscle in association may be discussed.

The srotomula of medovaha srotas are kati and vrikka as stated by sushrut and vapavahan modified by charak. These anatomical regions explain the status of medovaha srotas (microchannels) which are specifically responsible for fat metabolism.

The schools of charak and vagbhatt have considered asthivaha srotas, the mula of which are jaghan Pradesh and meda. Meda has been according to the present work considered with respect to the source of oestradiol and oestrogen which prevent osteoporosis. The haversian system is situated in long bones which may be considered as one of the srotomula.

Majjavaha srotas has not been considered by sushrut. The srotomula of this srotas are Asthi and Sandhi. This signifies the bone marrow within spongy bone tissue which is in abundant quantity at particular part of bones (Asthi and Sandhi). The bone marrow pathology producing painful bones and joints draws the attention of physician towards the diseases of majjavaha srotas.

All the micro channels which are responsible for androgenic activities are shukravaha srotas such as cerebral portal system, adrenal channels and testicular channels. The different schools of thought have considered vrishan, medra and stan as srotomula that means gonodic activities may be assessed through these three anatomical structures. Medra and vrishan have no dispute, however stana may be considered in light of serum prolactin, hyperprolactinaemia associated with loss of libido or impotency leading to infertility.

Artavavaha srotas indicates the microcirculation regarding the physiology of menstruation which can be accertained through Garbhashaya and artav vahi dhamanies responsible for menstruation.

Mutravaha srotas is pertaining to the micro channels responsible for urine formation and excretion which may be regarded as excretory unit. The srotomula are basti and medra, but vankshan also. This relates the interpretation of obstructive and dysfunctional pathology occurring in excretory system which may be assessed through the above srotomula.

The purishvaha srotomula may be appreciated in terms of pakvashaya and guda which are anatomically demarcated by ileocaecal junction. The upper segment of the colon which is controlled by gastro iliac reflex may be interpreted by the structures responsible for absorption of water and electrolytes from the chyle and the guda may be conceived by lower segment of the large intestine which is used for the purpose of storage and guided by anal sphincters.

Srotomula of swedavaha srotas, according to the classical meda and romakupa which may be interpreted by the duct. The pubertal sweat glands are significant in light of charak's of vation which is more concerned to apocrine sweat glands with respect to medical scenario which is responsible for the oily skin especially in pubertal age.

Srotomula described in reference to specific is nothing but the clinical modus operandi to know the health and the disease of different srotasas. The monitoring of different srotasas, whether they are described by school of Charak, Sushrut or Vagbhat, may be done through srotomula described in relevant literature. To approach health and disease of any part of body, different physicians have different clinical approach; therefore it becomes irrelevant that there is a different opinion regarding mula and srotas in different schools of thought. Each school has got its own approach for the evaluation of respective srotas which has been described in detail in the present work. A comparative study is needed in different clinical approaches to evaluate the status of srotasas through mula for latest concept with pros and cons.

1	[ArtID]	
2	[FolNo]	22
3	[SlNo]	74
4	[ArtTitle]	***PRANA VAHA SROTAS IN AYURVEDA AND ITS RELATION WITH CERTAIN OF RESPIRATORY SYSTEM***
5	[ArtEqEng]	
6	[NmeScholar]	Shanker Dayal
7	[NmeGuide]	Prof. J.R. Yadav
8	[NmeCoGuide]	Dr. P.S. Srivastav, Dr.(Smt.) Shobha Mobar
9	[Dept]	Department of Sharir
10	[Insti]	State Ayurvedic College and Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1993
13	[EnNo]	L79/8630
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Sharir
17	[AnyOther]	

18 [Abst]

SROTAS simply means channels. SROTAS is Ayurveda are of most importance and are well taken in consideration by ancient scholars anatomically, physiologically as well as pathologically. SROTAS represents the internal transport system and are of fundamental importance both in health and disease.

Word SROTAS is derived from the mean Sanskrit roots "SRU SRAWANE" meaning the structure to exudates, to ooze, to filter and to permeate. In CHARAK SAMHITA definition of SROTAS is given as "SRAWANAT SROTANSI" that is the structure through which the action "SRAWANAM" takes place.

In ancient Indian literature the work SROTAS has been used in different variable meanings, literally. In ATHERVA VEDA word ASRAV, HIRA, ANTRESU, GAVINYAH, PANTHA and PATH have been used in different terms, which also attract attention towards the synonyms of SROTAS.

In YAJURVEDA the term "HIRABHI SRAWANTI" and "PANTHA" have been used for SROTAS.

CHARAK adds a list of synonyms of SROTAS as following. SROTAS, SIRA, DHAMANI, RASAYANI, NADI, PANTHA, MARGA, SHARIR CHIDRA, SAMVRTA SAMVRTA, STHANAS, NIKETS etc. CHARAK described the SROTAS as specific varieties of the channels of circulation in the human body and are same in number as structural entities in it.

According to some authors SROTAS may be defined as a tubular structure having a space (i.e. Kha) for SWADHATU SAMVAHAN and at least two openings one AYAN (exit) and another MUKHA (entrance) which are meant for the respective movement of SHARIR DHATUS.

Regarding SROTAS two different views have been cited in the Ayurvedic literature.

(1) CHARAK and VAGBHATA described the SROTAS on the basis of pathological involvement in NIJA VYADHI.

(2) While, SUSRUTA has given a surgical approach to describe the SROTAS.

CHARAK and VAGBHATA, have been described the same thirteen number of SROTAS which are as follows:

PRANA VAHA SROTAS, ANNA VAHA SROTAS, RAS VAHA SROTAS, RAKTA VAHA SROTAS, MAMSA VAHA SROTAS, MEDO VAHA SROTAS,ASTHI VAHA ROTAS, MAJJA VAHA SROTAS, SUKRA VAHA SROTAS, MUTRA VAHA SROTAS, PURISH VAHA SROTAS and SWEDA VAHA SROTAS.

In SUSHRUTA SAMHITA, ASTHI VAHA, MAJJA VAHA and SWEDA VAHA SROTAS have been left out. He has included AARTVA VAHA SROTAS in his list.

In RIGVEDA PRANA has been described as VAYU while in ATHARVA VEDA it is described as AAYU, SURYA, CHANDRAMA, AGNI, DEO, GIVA, and in YAJUR VEDA it is described as AGNI, BHESHAJ and SARSWATI.

In Ayurvedic literature PRANA is described differently in different texts which is as follows:

(1) PRANA is one of the important five vital airs i.e. PRANA VAYA (Oxygen). The place of PRANA VAYU is MURDHA (cephalic region) KANTHA, JIHVA, AASYA (Oral cavity) Nasika and its function are spitting, sneezing, vomiting, expiration and inspiration. It indicates that PRANA VAHA SROTAS are the channels of oxygen transportation from nasal cavity up to thoracic cavity. It includes nasopharynx, Larynx, Trachea, Bronchi, lungs, lungs capillaries and alveoli along with pulmonary circulation.

(2) There are twelve PRANAS i.e. AGNI, SOMA, VAYU, SATWA, RJA, TAMA, PANCHENDRIYANI & ATMA. They are responsible for life that is why they are called as PRANA.

(3) PRANA are located in ten specific seats known as PRANAYATAN – Two SANKHAS, MARMA TRIYA (SHIR, HRIDAYA and VASTI), KANTHA, RAKTA, SURKA, OJAS and GUDA.

CHARAK has defined HRIDAYA and MAHA SROTAS as the MOOL of PRNA VAHA SROTAS while SUSHRUTA has accepted the PRANA VAHA SROTAS in a group of two and HRIDAYA and RAS VAHI DHAMANIS are origin of these SROTAS.

In the reference to the samprapti of HIKKA and SHAWAS it is worth to highlight that the SHAWAS is the disease of lung tissue basically, but its origin is from AMASHAYA.

Although PRANA VAHA SROTAS may have various physico-pathological relations with MAHA SROTAS. Anatomical relations can only be understood by accepting the two MOOLAS of PRNA VAHA SROTAS. According to

CHARAK these are cardio pulmonary connection (i.e. Lung hilum) and oesophago laryngo pharynx. Lesser circulation and lung hilum according to SUSHRUTA.

In the clinical part of present study thirty cases showing sign and symptoms pertaining to PRANA VAHA SROTAS VIKAR viz. : ATISRISTAM ATIBADDHAM (Too deep or too restricted respiration), ALPAM ALPAM BHEEKSHANAM (Shallow or frequent respiration), SASHABDA SHOOLAM (Chest pain and associated sounds). These cases were further examined clinically and para-clinically by laboratory tests and radiologically. The ten cases were diagnosed as suffering from active pulmonary tuberculosis and other twenty cases were found to be suffering from Bronchial Asthma. The rest of systemic examination did not reveal any other involvement. Thus on modern parameters pathology of the lungs could be established in 100% cases of PRANA VAHA SROTO DUSTI VIKAR.

Thus actual site of PRANA VAHA SROTAS is established to be site at the lungs proper i.e. the respiratory system with its physio – anatomical connection with intestine and the heart.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	4B
4	[ArtTitle]	***PRANAVAHA SROTAS PAREEKSHA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. M.Sambayya
7	[NmeGuide]	Dr. S.M.Angadi
8	[NmeCoGuide]	Dr. B.G. Gopinath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Banglore
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In this dissertation work author has tried to explain the systemic method of examination of Pranavaha srotas by considering the Ayurvedic clinical method in parlance to modern clinical methods. This work has been divided into three parts. In the 1st part detail description of Pranavaha srotas with their structure and functions are explained. Second part consists of 3 chapters which explain etiology samprapthi, bidha, poorva ropa and roopa of pranawaha srothas by applying darshana, prashnadi clinical methods are explained. For the present study 50 cases of shwasa were practically observed lakshanas and upashayanupashya are noted. The lakshnas found are krichrashwasa – 100% prolonged expiration, dimished inspiration – 94%, kasa – 86%, tiredness – 74%, agnimandya – 64% alpanidra – 64%. On percussion – Hyper resonant – 62%, pulse small volume – 54%, Gandamala – 54%, Urashoola – 50%.

KUSHTHA, VISARPA, PIDIKA, RAKTA PITTA, RAKTA PRADARA, GUDA PAKA, MEDRA PAKA, MUKHA PAKA, PLEEHA VRIDHI, GULMA, VIDRADHI, NEELIKA, KAMALA, VYANGA, PIPLU TILKALKA, DADRU, CHARMADALA, SHWITRA, PAMA, KOTHA, RAKTA MANDALA.

5. The injury to the MOOLA of RAKTA VAHA SROTAS results in following symptoms bluish complexion, fever, burning sensation, pallor, excessive hemorrhages and redness of eyes.

Symptoms produced by injury to the MOOLA of RAKTA VAHA SROTAS as mentioned above very much simulate with the symptoms produced by injury the liver and spleen according to text of modern medicine.

In the clinical part, fifty cases suffering from five common diseases of Rakta vaha srotodusti were analyzed clinically and Para clinically to establish the relation of these diseases of RAKTA VAHA SROTODUSTI with RAKTA VAHA SROTAS MOOLA. As it can be broadly said that in the disease of any SROTAS their must be some lesion at the MOOLA of that particular SROTAS. Liver and spleen being the same in this case. The selected five diseases thus clinically have direct or indirect relations with the lesions of RAKTA VAHA SROTAS.

Thus, anatomically RAKTA VAHA SROTAS live into and in between the spleen and liver. Physiologically it should be regarded as part of haemopoietic system and pathologically the disease enumerated as "DOSTA RAKTAJ ROJA" are having direct or indirect relations with the lesions of liver and spleen on modern parameters also. Thus RAKTA VAHA SROTAS established its entity as physical anatomical and pathological unit by both the system of medicine.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO ASSESS THE EFFICACY OF BHUJANGASANA AND DHANURASANA IN KATISHUL IN COMPUTER USER***
5	[ArtEqEng]	
6	[NmeScholar]	Mankar A.S.
7	[NmeGuide]	Prof.Dr. R.P. Patwardhan
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPARTMENT OF SWASTHAVRITTA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2006-07
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Clinical Research
18	[AnyOther]	
19	[Abst]	***Background and aim:*** This study was designed to assess the efficacy of Bhujangasana and Dhanurasana in Katishula in Computer users. ***Methodology:*** 30 computer professionals (using computer for 2 years) were selected & divided into two groups. Individuals in Group 'A' advised Bhujangasana and Group 'B' advised Dhanurasana for 2 months in the morning. Ruk. Sankoch & Graha lakshanas were main criteria for assessment. ***Results:*** Results were based on pair 't' test. For Ruk (pain) in

Bhujangasana t_{14} cal is 10.64 and in Dhanurasana t_{14} cal is 11.76. Sankocha (Extension) at 14 degree of freedom, 5% level of significance 't' is 2.15. 't' values of Bhujangasana and Dhanurasana were 4.97 & 7.17 times greater than t_{14} table value respectively. For Graha (Flexion), t value of Bhujangasana & Dhanurasana are 7.13 & 12.5 times greater than t_{14} table value.

Interpretation:

Effects of specific Asanas on katishul is stated in terms of degradation of lakshanas and relief of pain. Spinal extension asanas reduce katishul due to correction of contour of the spine and correction of the balance, length, strength mobility and elasticity of all muscles. It tones the spinal nerves & promotes the flexibility of the spine. Bhujangasana lubricates joints muscles, ligaments & tendons of lower vertebrae & posture become easy to perform & steadiness of movement.

Dhanurasana entire spine is stretched and loosened helping to clear up pressure on the spinal nerves. Both the asans had definite therapeutic role in katishula.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TO ASSESS THE EFFICACY OF KHADIR CHURNA FOR DANTADHAVAN***
5	[ArtEqEng]	
6	[NmeScholar]	Mane S.J
7	[NmeGuide]	Prof. Dr. Bhalsing V.V
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPARTMENT OF SWASTHAVRITTA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2006-07
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Clinical Research
18	[AnyOther]	
19	[Abst]	

Background & aim:

Dantamulagata roga viz. Sheetad (bleeding or spongy gums), Shoushira (gingivitis) Paridar, Dantaveshtak (Pyorrhoea alveolaris) And Dantagata roga Viz. Dalan (toothache or odontodin), krimidanta (Tooth caries),Dantasharkara (Tartar) are very common in community. To prevent people from these disease, to preserve better 'Dantaswastha' and to find the role of kashaya rasa praadhana Khadir on 'Dantaswastha' was the aim of the study.

Methodology:

For this Study 30 Individuals were selected having complaints of Gingival inflammation and Bleeding gums irrespective of sex and Socio-economic status and classified into two groups,15 in each group treated with Khadir Churna and in control group colgate tooth paste was given for one month , in the morning and at night. Quantity of Khadir churna was 1-2 gm for each Dantadhavan. Follow up on every 15th day.

Results:

Results were calculated by Pair 't' test. The observed t value for Plaque Index in experimental group was 13.27, Bleeding Index 11.67, Gingival index 13.47, Debris Index 14.36 times than standard error. For the observed 't' value in experimental group, Calculus Index 12.47 times than standard error.

Interpretation:

Kashaya rasa pradhana Khadir is highly significant in various periodontal problems. It increases taste-recognizing power. More effective in maintaining oral hygiene. Thus it prevents various periodontal problems.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STUDY OF GANDUSH KARMA WITH SPECIAL REFERENCE TO GODUGDHA GANDUSH FOR MUKHAPAKA IN TOBACCO CHEWERS.***
5	[ArtEqEng]	
6	[NmeScholar]	Patil J.P.
7	[NmeGuide]	Dr. B.S. Deshpande
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPARTMENT OF SWASTHAVRITTA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2006-07
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Clinical Research
18	[AnyOther]	
19	[Abst]	

Background & Aim:

In the community some oral bad hygiene is always observed like Mukhapaka in tobacco chewers. This study was design to estimate the effect of Godugdha Gandush as a upakrama for Mukhapaka in tobacco chewers.

***Methodology*:**

Clinical trial was carried out on 30 persons (Age group 20 - 50 years) having Mukhapaka due to tobacco chewing, which were classified into two groups of 15 persons. Trial group was treated by Shrutsheet Godugdha and control group was given Lukewarm water for Gandush. Trial was conducted for 45 days with 4 intermittent follow-ups. The chief criterion for assessment was reduction in vedana, daha, asayavairsya.Results were observed with help of mean test.

***Results*:**

Vedana, Vrana, Aasavairasya, Daha, and Sparashasahatva showed significant results in trail group with 1.08, 0.47, 0.3, 0.1 & 0.2 mean respectively. While in control group it was not significantly reduced with 2.8,1.93; 1.7; 1.5; 1.5 mean respectively.

***Interpretation*:**

Due to Madhur Rasa -Vipak and Sheet Veerya, Godugha gandush pacifies Vata-Pitta & hence useful in Vataj Mukhapaka., especially in Tobacco chewers. It reduces Vedana, Daha, Varna, Vrana, Aasavairasya and Sparashasahatva to significant extent.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***EFFECT OF TILATAILA ABHYANGA ON MAMSADHATUPUSHTI OF BASKETBALL AND HANDBALL PLAYERS***
5	[ArtEqEng]	
6	[NmeScholar]	Dalvi P.D
7	[NmeGuide]	Prof. Dr. V.V. Bhalsing
8	[NmeCoGuide]	
9	Name of the Journal	
10	[Dept]	DEPARTMENT OF SWASTHAVRITTA
11	[Insti]	BVU COLLEGE OF AYURVED, DHANKAWADI CAMPUS, PUNE
12	[Univ]	BHARTI VIDYAPEETH UNIVERSITY, PUNE
13	[Year]	2006-07
14	[EnNo]	
15	[Lang]	
16	[Study]	MD
17	[SubStudy]	Clinical Research
18	[AnyOther]	

19 [Abst]

***Background and Aim*:** This study was designed to evaluate the effect of Tiltail Abhyanga on Mamsadhatupushti of Basketball and Handball Players.

***Methodology*:** For this study 40 players were selected. They were classified into two groups namely 'A' and 'B' consists 10 Basketball & 10 Handball players in age group 20 - 30 yrs. (5 girls and 5 boys in each) advised with & without Tilataila Abhyanga resp. for 1 hr.for 30 days in the evening, after their practice session of 1hr. Muscle strength was measured by grip dynamometer and leg and back dynamometer. Endurance was measured by sit-ups for male

and female both, and push-ups for males and modified push-ups for female. Follow-up every 15th days.

***Results*:** Group 'A' shows improvement in muscle strength and endurance by 1O-15 kg. & 10-12 in no respectively; Group 'B' shows improvement by 2-3 kg and by 1-2 no. At 45th day Group 'A' Shows decreased in muscle strength & Endurance by 1-2 & by 2-3 no. Group 'B' Shows improvement in muscle strength approximately by 1-2kg & endurance approx. by 1-2 no.

***Interpretation*:**

Muscle strength & muscle endurance were increased by Abhyang. After giving gap of Abhyanga muscle strength and endurance decreased hence daily use of Abhyanga is essential. Evidence is generated for the concept 'Tiltaila is useful in Brihan Karma' & also helps in removal of oil soluble tissue toxins.

1	[ArtID]	
2	[FolNo]	27
3	[SlNo]	15
4	[ArtTitle]	**A STUDY OF PHYSIOLOGICAL VARIATION UNDER INFLUENCE OF ACUPUNCTURE, TENS AND BIOFEEDBACK IN CASES OF CHRONIC PAIN**
5	[ArtEqEng]	
6	[NmeScholar]	Sulochana Devi
7	[NmeGuide]	Prof. G.P. Dubey
8	[NmeCoGuide]	Dr. V. Rastogi
9	[Dept]	Department of Basic Principles(Sharir Kriya)
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1991
13	[EnNo]	201652
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Basic Principles(Sharir Kriya)
17	[AnyOther]	

18 [Abst]

The present thesis has been designed to investigate physiological variation under influence of acupuncture, transcutaneous electrical nerve stimulation (TENS) and biofeedback in cases of chronic pain. 66 apparently normal individual belonging to both sex and 83 diagnosed cases of chronic pain like Trigeminal neuralgia, Low backache and Migraine headache were selected for the present series of study. In normal series before constitutional assessment all the cases were thoroughly investigated from health point of view. Those cases who had shown any evidence of gross physical illness were excluded from this series of study.

In disease group after confirmation of diagnosis, the initial investigations like anxiety level, E.C.G., E.E.G., pain-threshold, serotonin level were measured in normal as well as disease group. Acupuncture, TENS and biofeedback therapy were introduced separately in both normal as well as disease groups. In normal series acupuncture and biofeedback produced marked reduction in anxiety level, muscle action potential and also a significant increase in pain.

Acupuncture and biofeedback showed more pronounced effect in vatic group than the paittic and slaishmic group. TENS can not produce any physiological change in normal series. In Trigeminal neuralgia cases acupuncture, TENS and biofeedback produced a significant reduction in anxiety level and significant decrease in EMG in all three constitutional groups. But vatic cases showed maximum effect following acupuncture therapy in cases of trigeminal neuralgia.

In chronic backache cases acupuncture, TENS and biofeedback therapy have shown significant influence on muscle action potential and anxiety level. Pain threshold significantly increased following acupuncture therapy.

In migraine headache acupuncture, TENS and biofeedback have shown significant effect in the reduction of frequency and time of pain. Pain threshold also increased by continuous application of the above technique. Maximum effect was seen an anxiety level by biofeedback therapy.

Serotonin level was found decreased following acupuncture and biofeedback therapy. The maximum effect was observed in vatic group both in normal as well as in disease group. In brief it can be concluded that non-pharmacologic procedure like acupuncture, TENS and biofeedback have potential effect on certain physiological parameters in chronic pain conditions. Vatic cases showed lesser pain threshold than paittic and shlaishmic. A significant increase in pain threshold may prove the clinical efficacy of acupuncture and biofeedback in the management of chronic pain.

1	[ArtID]	
2	[FolNo]	24
3	[SlNo]	32
4	[ArtTitle]	*ASTHISARA ANI RAKTATILA SUDHA (SERUM CALCIUM) YANCHE TULANATMAKA ADHYAYAN*
5	[ArtEqEng]	Comparative study of Asthisara and Serum Calcium
6	[NmeScholar]	Asmita Patil
7	[NmeGuide]	B.T. Parshuramkar
8	[NmeCoGuide]	
9	[Dept]	Sharira Kriya Vigyan
10	[Insti]	Govt. Ayurved College, Nagpur
11	[Univ]	Nagpur university
12	[Year]	1996-97
13	[EnNo]	G.A.C.N./58/94
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Sharira Kriya
17	[AnyOther]	
18	[Abst]	Asthisara is characterized by big and strong mahashira, joints, bones, nails, and teeth. They are having better height, weight and physical exertion tolerance in comparison to others. 86 healthy individuals of Asthisara were selected after fulfilling the Asthisara parikshana patraka criteria (CRF of Asthi sara). We have measured the height, weight and circumferences of head, chest etc. of individuals. We could propose an arbitrary range for Asthisara individual. The serum Calcium of all these individuals was checked which was in normal range (8.7-10.87 mg%). Sr. calcium was 10.06 mg% in uttam asthisara and 9.56mg% in madhyama asthisara. Hence it is not possible to conclude as sr. calcium equivalent to Athisara or vice versa.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	7
4	[ArtTitle]	*AYURVEDIYA VAIGNYANIK PADDHATI*
5	[ArtEqEng]	Scientific methodology in Ayurveda
6	[NmeScholar]	Milind A Patil
7	[NmeGuide]	B.V.Sathaye
8	[NmeCoGuide]	
9	[Dept]	Department of Sanskrit-Samhita-Siddhanta
10	[Insti]	R.A. Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1993
13	[EnNo]	4,1990
14	[Lang]	Sanskrit
15	[Study]	M.D.
16	[SubStudy]	Sanskrit-Samhita-Siddhanta
17	[AnyOther]	
18	[Abst]	Scientific methodology (vaignyanika paddhati) is called as problem solving process. Scientific methodology as described in Ayurveda texts which will be helpful to other sciences is discussed in detail. Tadvid sambhasha, dashvidha parikshya bhava and scientific methodology in other sciences are also described in detail.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	23
4	[ArtTitle]	***AYUSHYA GNYAN PARIKSHET ANGULI PRAMANACHE MAHATVA***
5	[ArtEqEng]	
6	[NmeScholar]	Sattvashila Ramchandra Pawar
7	[NmeGuide]	Shashikant M Sathye
8	[NmeCoGuide]	
9	[Dept]	Department of Sharira Kriya Vignyan
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1995
13	[EnNo]	
14	[Lang]	
15	[Study]	M.D.
16	[SubStudy]	Sharira Kriya Vignyan
17	[AnyOther]	
18	[Abst]	19 individuals had anguli pramana of 84 angula out of total 213 individuals involved in study. Only 15 were having equal Ayama and vistara. On person was found having equal ayama and vistara and also measurement of 84 angula. Generally vistara was more than ayama. 54% individuals were having measurement less than 84 angula and 36% were having more than 84 angula. The least measurement observed was 71.4 angula and maximum was 92 angula. From the present study it is postulated that 81.7 to 86.3 anguli is the normal range of dirghayu individual.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	35
4	[ArtTitle]	*BRIHAT TRAYICHE AITIHASIK ADHYAYAN VISHESHATA SHARIRASTHANACHE SANDARBHAT*
5	[ArtEqEng]	
6	[NmeScholar]	Ganesh S Puradkar
7	[NmeGuide]	C.N. Katulwar
8	[NmeCoGuide]	
9	[Dept]	Department of Sanskrit-Samhita-Siddhanta
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1996
13	[EnNo]	Med-A-81,1994
14	[Lang]	
15	[Study]	
16	[SubStudy]	Sanskrit-Samhita-Siddhanta
17	[AnyOther]	
18	[Abst]	This is an attempt to find any differences in the sharira sthana of brihat trayi texts. Description of arishta (fatal signs) according to roga, varna, gandha, rasa etc. in Charaka samhita is not found in Sushruta samhita. Charaka samhita gives details of diseases of manas, it treatment, moksha upaya etc, which are given less importance in Sushruta samhita. The bhavapadhartha are given less importance in later texts. Moreover sharairasthana was studied in view of shalya tantra i.e. surgical point. It is clear that the philosophical content in Charaka Sharirasthana is not available in later texts.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	31
4	[ArtTitle]	***VIBHINNA DEHAPRAKRITI MADHYE RUTUNUSAR RASA RAKTA STRAVANAKALA VA RASARAKTA SKANDANAKALA PARIKSHANA: PRAYOGIKA ADHYAYANA***
5	[ArtEqEng]	Study of bleeding time and clotting time in different Prakriti individuals in various seasons
6	[NmeScholar]	Vanita Yevale
7	[NmeGuide]	E.E.Mozes
8	[NmeCoGuide]	
9	[Dept]	Sharira Kriya Vigyan
10	[Insti]	Govt. Ayurved College, Nagpur
11	[Univ]	Nagpur university
12	[Year]	1999
13	[EnNo]	A/21667, G.A.C.N./96/96
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Sharira Kriya
17	[AnyOther]	
18	[Abst]	Sushrutacharya has explained six stages of doshas such as chaya, prakopa and prasara etc. There is a change in dosha in accordance with the change in seasons. Vata gets prakopa in varsha, pitta in sharada and kapha in vasant rutu. Raktadhatu is one of the important dhatu in the body and considered as Jeevana. Tridosha has also their influence on the dhatu. To observe the influence of doshas on rakta dhatu and especially in the season of dosha prakopa, the bleeding time and clotting was tested in different prakriti individuals in different seasons. These tests were carried in the varsha, sharada and vasanta rutu in healthy individuals. It was observed that bleeding time was more in sharad rutu in individuals of all prakriti, was bit

less in varsha rutu, where as it was more than sharad and varsha in vasanta rutu. The same was about clotting time also. Blood clotting time was found less in vasant rutu and more in sharad rutu.

1	[ArtID]	
2	[FolNo]	27
3	[SlNo]	14
4	[ArtTitle]	***EVALUATION OF CARDIAC FUNCTION UNDER THE INFLUENCE OF CARDIOPROTECTIVE DRUGS IN RELATION TO PERSONALITY TYPES (BODY CONSTITUTION)***
5	[ArtEqEng]	
6	[NmeScholar]	Bimal Deka
7	[NmeGuide]	G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles (Group-B Sharir Kriya)
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1997
13	[EnNo]	232660
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Basic Principles (Sharir Kriya)
17	[AnyOther]	
18	[Abst]	In the present thesis attempt has been made for the evaluation of cardiovascular function under influence of certain cardio protective drugs in relation to Prakriti. Regarding cardio protective drugs two herbal drugs having cardio protective property have been evaluated on cardiovascular functions. In order to evaluate the role of cardio protective drugs influencing cardiovascular functions, the present study has been divided in to two parts: Experimental study and Clinical study. In order to evaluate the beneficial effect of Arjuna ghansattva, 3 experimental groups were organized. Groups I served as normal control series where animals were kept only on laboratory normal diet. In group II the animals were given

only high cholesterol diet and their TC, HLD-C and triglycerides were measured at the interval of 45 and 90 days. To assess the effect of drug under trial, animals were selected and given Arjuna ghansattva along with cholesterol diet continuously for 90 days.

The results obtained shows that the rise in total cholesterol level is remarkable and more marked in group II where only high cholesterol diet has been given while in group III where animals were treated with Arjuna ghansattva showed comparatively significant less rise in total cholesterol level indicating that this drug has capacity to regulate abnormal level of total cholesterol. In this group of study Arjuna ghansattva has shown beneficial effect on HDL-C level when given along with cholesterol diet. The decrease in HLD-C level is not as significant as it is measured in negative control series.

Triglycerides have also shown a similar pattern as it was found in total cholesterol measurement of experimental series. The elevation in triglyceriedes is not so marked as in group II where only cholesterol diet has been given. TC and HDL-C ratio was also significantly less in Arjuna ghansattva treated group. Thus it can be concluded that Arjuna ghansattva can be advocated for the regulation of lipid and lipoprotein metabolism as well as prevention of cardiovascular disorders.

In the present series of study two herbal drugs have been undertaken for its clinical evaluations. Arjuna ghansattva (T. Arjuna) and Kolkand (Scilla indica) have been trialed on lipid profile and blood pressure. The patterns of cardiovascular functions have been studied in reaction to prakriti. Prakriti was determined as per group characteristics described in classical texts of Ayrveda and certain anthropometric measurements. A comprehensive proforma has been used for this purpose.

In the present study vatic individuals have shown higher level of systolic and diastolic blood pressure in comparison to paittic and kaphaj indicating more hypothalamic arousal than the other groups. It has also been proved by various studies that vatic people are more prone to develop cardiovascular disorders. In the present study data obtained indicates that individuals having vatic prakriti are more susceptible to develop hypertension or different type of cardiovascular disorders.

Total lipid profile when measured in different constitutional groups, high level of TC and triglycerides were recorded in slaishmic group. But the level of HDL-C is quite low in vatic people and a high level of HLD-C was found in slaishmic individuals. As higher HDL-C level is cardioprotective therefore vatic people suffer more from abnormal lipid metabolism. Similarly slaishmic or kaphaj individuals showed better performance when the cardiac output was measured in all the three groups. Vatic individuals have a poor ventricular performance. More ectopic beats were found in vatic group.

The reaction towards stress was also determined in three distinct prakriti groups. When cold pressor test was applied to observe the reaction and adaptation pattern vatic individuals showed maximum reaction to stress. The systolic and diastolic blood pressure was increased maximum in vatic group than the paittic and kaphaj. This study indicates the autonomic over reactivity towards external stress which may cause various stress disorders in near future to a vatic individual. Similarly circadian blood pressure when measured in this group of study more variation in systolic and diastolic blood pressure was noticed in vatic individual.

When cardio protective drug Arjuna ghansattva was clinically evaluated in essential hypertension, angina pectoris and diagnosed cases of ischemic heart disease it has shown beneficial effect on blood pressure and lipid metabolism. In essential hypertension and ischaemic heart cases TC level significantly reduced following six months therapy. This therapy has considerably increased the HDL-C levels in all the three clinical groups indicating the hridya property of arjuna ghansattva. Systolic and diastolic blood pressure was found to be reduced in all the clinical groups following arjuna ghansattva therapy. The remarkable finding of this study is that TC and HDL-C ratio significantly reduced after six months of drug therapy. Proving that arjuna ghansattva has capacity to reduce the risk of coronary heart disease.

In a separate groups of essential hypertension, Angina pectoris and ischemic heart disease a herbal drug known as Kolkand commonly found in tribal area of Madhya Pradesh has been clinically evaluated. Its beneficial effect has been mainly observed on HLD cholesterol level. When the alcoholic extract of Kolkand was given in three clinical groups along with conventional treatment there is fall in TC level and a significant rise in HDL-C level was noticed while in only conventional group no change in TC and HDL-C could be recorded. Thus it can be concluded that Kolkand has definite property to increase HLD-C level. In a group of smokers and non-smokers of essential hypertension, angina pectoris and ischemic heart disease, the drug Kolkand has shown beneficial effect on TC and HLD-C levels. In essential hypertension and angina pectoris smoker cases TC level significantly reduced. An increase in HDL-C was found in all the smoker and non-smoker groups. A decreasing trend has been observed in LDL-C and VLDL-C levels also. Similarly a decreasing trend in triglycerides levels have also been noticed in all the groups under trial. Significant increase in protein level has been formed in all the three clinical groups.

It is evident from the experimental and clinical studies that Arjuna ghansattva and Kolkand both have property to regulate various cardiovascular functions particularly lipid metabolism. Hypercholesterolemia and low HDL-C levels both are strong predictor of the occurrence of coronary heart diseases. Both the drugs have capacity to regulate the abnormal lipid metabolism in coronary prone cases. It is also evident from the present observations that genetic constitution plays a significant role in the regulation of lipid metabolism as well as other cardiovascular functions. Vatic individuals have low HLD cholesterol in comparison to kaphaj type of individual. Though the TC level is higher in kaphaj prakriti group but there is also a high level of HDL-C indicating the less risk ratio among kaphaj cases. All the drugs which increase the HDL-C level are known to be cardio protective hence these drugs regulate the vitiated doshas by the panchabhautic composition of the drugs. Though the study is preliminary in nature and requires more precise scientific evaluation and a larger sample size for proving the various properties of these drugs.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	27
4	[ArtTitle]	***AYURVEDIYA CHIKITSADHIKRIT PURUSHA: EVAM PANCHAMAHABHUTANSHA PARIKSHA- EK ABHYAS***
5	[ArtEqEng]	Study of Ayurvediya Chikitsadhikrita Purusha and Panchamahabhutansha Pariksha
6	[NmeScholar]	Yashvant Ranvare
7	[NmeGuide]	C.N. Katulwar
8	[NmeCoGuide]	
9	[Dept]	Department of Sanskrit-Samhita-Siddhanta
10	[Insti]	R.A. Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1996
13	[EnNo]	
14	[Lang]	
15	[Study]	
16	[SubStudy]	Sanskrit-Samhita-Siddhanta
17	[AnyOther]	
18	[Abst]	Human body (sharira) is composed of Panchamahabhuta and Atma. Diet (ahara) and medicines (aushadhi) affect body depending on its origin and where the individual is born and staying in which land and according to its predominance of Panchamahabhuta. These panchamahabuta are in various proportions in different permutation and combinations, depending on that they will show different signs and symptoms like guru, sthira, murta etc. in body. In order to standardize these parameters with the help of clinical examination (nadi, heart sounds, BP, Temperature, height etc.) and pathology investigations (Hb%, ESR) 100 healthy individuals were recruited. Akasha mahabuta signifies shabda, avakash guna,

to assess it percussion (akotana) of ura, udara and ascultation by stethoscope was done. Guru, kathinya were assessed by darshana pariksha and mamsa samhanana pariksha was done by sparshan pariksha. Later height and weight of these individuals were measured. The characters which are narrated in Samhita are assessed with modern techniques and it is observed that there was equality.

1	[ArtID]	
2	[FolNo]	15A
3	[SlNo]	3
4	[ArtTitle]	***DEVELOPMENT OF A CLINICAL AND BEHAVIOURAL MODEL OF SATTVA PARIKSA.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.K.H.H.V.S.S.Narasimha Murthy
7	[NmeGuide]	Prof.R.H.Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	According to Ayurveda life is termed as Ayu the complex union of Sarira, Indriya, Sattva, and Atma, As Ayu is four dimensional Swasthya is also four dimensional out of these the sattva component is most important from diagnostic point of view hence Sattva pariksa is very important. The present thesis is devoted to the development of an appropriate clinical and behavioral model of Sattva pariksa based on Ayurvedic concepts. In the new model a four dimensional inventory was designed which consist of 75 items under four different sets. The inventory was applied on 100 (both healthy and normal) with five fold response descriptive category for each question of every item.The responses received from 100 subjects were suitably computed to identify the three distinct Sattva groups namely Pravara, Madhyama and Avara. The existence of each group was statistically tested by calculated standard deviation

and 95% confidence interval subsequently tested for significance by suitable 't' test. It could statistically identify three different sattva groups among 100 humans subject. This observation was presented in terms of Sattva based statistical study (S.B.S.S). Some known standard psychometric tests i.e. level of anxiety, level of adjustment / maladjustment, performance index, immediate memory span, mental fatigue index which are relevant to sattva pariksa were also administered in the same 100 volunteers to study the correlation between these psychometric parameters and Sattva categories identified earlier by the ABCD inventory.This showed significant correlation supporting the validity of the inventory developed in the present context. Scores of anxiety and mental fatigue, maladjustment were found decreasing with the increasing scores of Sattva while the score of memory and performance index were found rising with the increasing Sattva index. Correlation of sattva categories with deha prakriti was also studied. It is noted that pitta kapha prakriti was found to be in notably higher incidence in pravara sattva persons while involvement of vata singly or in combination with other dosha in the prakriti was found more predominantly in Avara Sattva persons.

1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	32
4	[ArtTitle]	***COMPUTERISED MEDICINE IN AYURVEDA***
5	[ArtEqEng]	
6	[NmeScholar]	DR.SHAJAHAN M.A.
7	[NmeGuide]	DR.D.S.LUCAS
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Shri Ayurveda Mahavidyalaya, Nagpur
11	[Univ]	Nagpur University
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The developments of evolution theory from known material abstract existence to the physiological doctorines are logical and verifiable mathematically. The gunadravya application in Ayurveda could be certified and expressed in equation. The doctrine of tridosha, understandable as a complete conglomeration of guna network in the body is also identifiable and expressible with degrees of variation. Formula evolved to find out the degrees of vitiation in percentage is given.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	62
4	[ArtTitle]	*CHARAKOKTA DASHAVIDHA PARIKSHANCHE CHIKITSEMADHILA MAHATVA: EK ADHYAYANA*
5	[ArtEqEng]	
6	[NmeScholar]	Vishakha V Apte
7	[NmeGuide]	N.R.Sabu
8	[NmeCoGuide]	
9	[Dept]	Department of Sanksrita-Samhita-Siddhanta
10	[Insti]	R.A. Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1999
13	[EnNo]	139/4.12.96
14	[Lang]	Marathi
15	[Study]	
16	[SubStudy]	Sanksrita-Samhita-Siddhanta
17	[AnyOther]	
18	[Abst]	Dashavidha pariksha as mentioned in Charaka vimanasthana is necessary to assess the dosha and deha bala. Many of the times physicians (vaidya) are not performing the dashavidha pariksha which results in futility of treatment. In this study 50 patients of various diseases are diagnosed on the basis of Dashavidha pariksha and the results are recorded here.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	85
4	[ArtTitle]	***KOSHTHA EK ADHYAYAN***
5	[ArtEqEng]	
6	[NmeScholar]	Ghanashyam J Ajgaonkar
7	[NmeGuide]	S.M. Sathye
8	[NmeCoGuide]	
9	[Dept]	Department of Sharira Kriya Vignyan
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1998
13	[EnNo]	109/15/3/1995
14	[Lang]	Marathi
15	[Study]	
16	[SubStudy]	Sharira Kriya Vignyan
17	[AnyOther]	
18	[Abst]	The assessment of koshtha was done by rechana, snehapana and prashna pariksha. Out of 57 individuals 50 were found mrudu koshtha and 7 of madhyama koshtha on prashna pariksha. After rechana 26 individuals found mrudu, 26 of madhyama and 5 were of krura koshtha. Shenapana parikshana was done in 22 individuals out of which 13 found as mrudu and 9 as madhyama koshtha.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1347
4	[ArtTitle]	*AYURVEDA PATHYAPATHYA VIGYANA*
5	[ArtEqEng]	
6	[NmeScholar]	B.P. Shav
7	[NmeGuide]	
8	[NmeCoGuide]	N.P. Rai
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D. (AYU.)
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	This is a compilation work on Pathyapathya vignan. In this series there are four pats i.e. I. common principles of Pathyapathya. II classification of ahara dravya. III Pathyapathya indicated in various diseases, Vimarsha and Upasamhara. The emphasis has been made that we are neglecting the dietary regimen now a days resulting the occurrence of various diseases. According to this we felt that adopting the Pathyapathya in practice we will be healthy. In this study different types of dietary regimen has also been suggested to use in different types of diseases as well as in health programs.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1424
4	[ArtTitle]	***PRINCIPLES AND PRACTISE OF PEDIATRICS IN AYURVEDA***
5	[ArtEqEng]	
6	[NmeScholar]	C.H.S.Sastry
7	[NmeGuide]	C.Chaturvedi
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1977
13	[EnNo]	
14	[Lang]	English
15	[Study]	PH.D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	Drug research is not the only way of advancing the medical science. Basic concept of each of the branches with understanding of the diseases is also important. With this idea present work was done. The scattered subject matter of kaumarabhritya is gathered from various sources and is re-arranged or classified in a methodical order with a fresh approach in interpretation of various ideas in a critical way. However the present work deals with the ancient ideas of child health care including the principles of clinical examination, the revival, birth injuries, diseases and malformations of the new born; its growth and development including the psychological constitution, nutrition and its deficiency disorders in the children. The concept of foreign body reactions in the body including the inflammation, allergy and immunity and common infections and systemic disorders in children were also discussed.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1376
4	[ArtTitle]	***YOGA AND AYURVEDA - THEIR ALLIENDNESS AND SCOPE AS POSITIVE HEALTH SCIENCES***
5	[ArtEqEng]	
6	[NmeScholar]	S.P. Mishra
7	[NmeGuide]	R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Present study is primarily a literary evaluation of Yoga and Ayurveda to assess their alliedness and scope as positive health sciences. Being equally ancient sciences of similar fundamental principles both considers the life as the composite entity consisting of body, mind, and soul and sense apparatus. In contrast to Ayurveda, yoga is primarily a system of mental and spiritual development though it has got beneficial applications to the physical problems of health and diseases. Keeping in view the literature available it is suggested that yoga should be developed on two different lines i.e. as a method of mental development, tranquility of mind and higher consciousness and as a positive health measure for which it should be included into the curriculum of swasthavritta and sadvritta. Grossly, Yoga should be treated as a part of Ayurveda and it should be included under its education and development programmes.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1353
4	[ArtTitle]	***A STUDY ON THE NERVOUS SYSTEM IN YOGA AND TANTRA AND ITS IMPLICATION IN AYURVEDA***
5	[ArtEqEng]	
6	[NmeScholar]	Majumdar, Ashok
7	[NmeGuide]	Jyotir Mitra, R.H. Singh
8	[NmeCoGuide]	S.Nath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present thesis aims to undertake a critical literary cum conceptual study on nervous system in yoga and tantra and its implication in Ayurveda. For the present study the authentic texts on classical Ayurveda, Yoga and Tantra including certain contemporary writings in this field, were critically examined and adopted to have a clear exposition of the subject under discussion. The present study permits the following conclusions viz. (i) the panca mahabhuta can only be realized through meditative processes (ii) The ida, pingala sushumna are not physical structures as described by ancient literatures, but the three price pal flows of course through nervous system functioning in the body, leading to this ajna cakra which is the seat of manas (mind) (iii) the term nadi only represent a channel through which something that is substance on energy

flows, (iv) the cakras are the replica of sun rays. The panca kendras. They are the centre for meditation and the centre of energy control vs. central of manasmriti. (v) mantra is a thought science. Tantra has been dealt here as medical subject as it refers to mind and its powers and their effect on the human body.

1	[ArtID]	
2	[FolNo]	8
3	[SlNo]	24
4	[ArtTitle]	***MANAGEMENT OF CHRONIC INTRACTABLE PAIN BY INDIGENOUS DRUGS, TENS, ACUPUNCTURE IN DIFFERENT PRAKRITI***
5	[ArtEqEng]	
6	[NmeScholar]	Smt. Sangeeta Gehlot
7	[NmeGuide]	Prof. G. P. Dubey
8	[NmeCoGuide]	Dr. V. Rastogi
9	[Dept]	Dept. of Basic principles (Sharira kriya)
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1996
13	[EnNo]	203933
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Sharir kriya, Basic principles
17	[AnyOther]	
18	[Abst]	Pain is one of the distressing symptoms and the need for pain relief was felt from the time of evolution of mankind. Various methods are evolved from time to time even in the ancient time. Several methods have been made to understand the pathophysiology of pain and to develop various methods for pain relief. This study is particularly aimed to assess pain and pain threshold in patients with different diseases and prakriti and to correlate pain threshold with age, sex, height, weight and prakriti of the patients. An attempt has also been made for management of chronic intractable pain by various pharmacological and non pharmacological methods. Various physiological parameters like pain threshold, EEG, EMG and assessment of subjective and objective pain score, anxiety and

depression score were included to assess the validities of these methods in management of chronic intractable pain by indigenous drugs, TENS, Acupuncture in different Prakriti. This study comprised of 338 cases of both sexes suffering from chronic intractable pain of various etiologies attending the Psychosomatic clinic and Pain clinic, S.S. Hospital, B.H.U. The patients allocated in five groups of 25 patients either sex according to treatment received and another 25 healthy volunteers served as control. Group I patients received TENS and group II and III patients received acupuncture and electroacupuncture treatment respectively. 50 cancer pain patients in group IV and V received codeine and cannabis extract. Apart from this study 54 patients of osteoarthritis and 68 patients of rheumatoid arthritis were treated with formulation X1 and X2 (extract of some herbal drugs). 34 normal and 32 sympathetic overactive individuals are selected for the evaluation of therapeutic potential of Acorus calamus extract. A detailed clinical history, physical and systematic examination was done for establishing clinical diagnosis. The patients were assessed for prakriti, subjective and objective pain score, pain threshold, EEG, EMG, anxiety and depression score, fatigue time, memory, pain relief and complications. The subjective pain assessed by Graphic Rating Scale (Huskisson 1973) and objective pain score assessed using visual analogue scale (0-10): Pain threshold is measured by pressure algometer. EMG is done by EMG-biofeedback instrument and alpha pattern was measured by single channel EEG instrument. Depression score was measured by psychiatric rating scale and anxiety score by Hamilton anxiety scale (1959). Constitution was determined on the basis of gross anthroscopic examination and anthropometry (Montague, 1966). Physiological and psychological examination as mentioned in standard texts of Ayurveda. TENS is used with low frequency and fixed current 2mA; 10-100 volt voltage Acupuncture points are chosen as mentioned in standard texts of acupuncture. In electroacupuncture analgesic points or local points are stimulated by Acustim. Tablet codeine sulphate 30 mg 4 hrly was used whereas cannabis extract was used in doses of 25mg 6-8hrly. Formulation X1 was used in doses of 1-3 mg/kg body weight and formulation X2 was used in doses of 3-5 mg/kg body weight. Acorus calamus extract is used in doses of 5 mg/kg body weight. The patients belonged to middle age group (35 onwards). The overall male outnumbered the female and majority of the patients belonged to middle socio economic status. Majority of the cases belonged to Vatic (53) while Kaphaja type of personality observed in 40 and paittic in 32 cases. A positive correlation was observed between pain threshold and age weight and height. The overall mean pain threshold was found higher among males in comparison to females. The mean pain threshold before and after therapy in relation to prakriti was found highest in Kaphaja prakriti and lowest in vatic prakriti. The increase in mean pain threshold was highly significant in all groups. The pain threshold in the patients receiving TENS and cannabis are influenced by the prakriti. Vatic respond well to TENS in comparison to Kaphaja. In patients receiving acupuncture, electroacupuncture and codeine pain threshold was not influenced by prakriti. In control group also mean pain threshold was maximum in Kaphaja Prakriti and minimum in Vatic prakriti. The decrease in the mean subjective and objective pain score after therapy in all groups were highly significant ($P<0.001$). Excellent relief of pain was observed in 10 patients of group 1,5 patients of group II, 4 patients of group III, 6 patients of group IV whereas good relief was observed in 7 patients in group I, 9 patients in group II, 11 patients in group III, 4 patients in group IV and 3 patients in group V. satisfactory relief was observed in 7 patients of group I, III, 8 patients in group II & IV, 14 patients in group V however unsatisfactory relief in 1 patient in group I, 3 patients in group II, 2 patient in group III, 7 patients in group IV and 8 patients in group V. Vatic and Kaphaja prakriti patient received better relief in comparison to paittic prakriti. In osteoarthritis and rheumatoid arthritis cases effect of indigenous formulation X1, X2 and medicated oil was assessed by using various parameters. After one year therapy muscle action potential, anxiety level, depression score decreased significantly by whereas alpha pattern, nerve conduction velocity, fatigue time, increased significantly after therapy. In sympathetic overactive individuals Acorus calamus extract increased short term, long term and reflex memory and fluctuation of attention increased significantly. No toxic effect was observed by the use of Acorus calamus extract in dose of 5 mg to 2.5 mg/kg body weight. Some complications like sedation, drowsiness were observed following cannabis while following codeine nausea, vomiting, constipation were observed. Formulation X1, X2 and Acorus calamus extract caused no toxic effect. With these observations we may conclude that there is a positive correlation between pain threshold and age, weight, height, sex, definite increase in pain threshold in all groups. This was more in Kaphaja and Vatic prakriti patients and less in paittic prakriti. Thus there was significant decrease in subjective / objective pain score in all groups more in vatic and kaphaja prakriti patients as compared to paittic prakriti best results were with TENS followed by codeine and electroacaupuncture. Overall vatic and kahaja prakriti patients obtained better relief as compared to paittic prakriti. Thus significant effect of these pharmacological and non-pharmacological procedures on physiological parameters may prove their clinical efficacy in management of chronic intractable pain.

1	[ArtID]	
2	[FolNo]	27
3	[SlNo]	8
4	[ArtTitle]	***OBJECTIVE STUDY OF MEDAS-SARA SUBJECTS***
5	[ArtEqEng]	
6	[NmeScholar]	Chandra Shekhar Pandey
7	[NmeGuide]	Dr. Jyotir Mitra Acharya
8	[NmeCoGuide]	Dr. G.P. Dubey
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1992
13	[EnNo]	208153
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	The medas dhatu can be correlated with metabolized fat, either present in adipose tissue or any other part of body, in any form like-in medullary sheath and axons of nerve or fat present in running blood. This fat performs both functions of dhatu eg. Dharana and Poshana, by supplying energy to body, taking part in formation of various body parts, transporting vitamins and protecting body from mechanical, electrical and chemical injuries. The concept of medovah srotas is not clear in reference of modern medicine. The medas sara person can be correlated with obese persons of modern medicine, because both have same nutritional etiology, with happy and prosperous life pattern. Their diseases, to which they are prone is also common. Their disabilities are also common. In obesity also, weight increase, due to other factors than fat, is excluded.

As the present thesis is based on study of 30 cases in which 22 were medas sar according to physical characteristics. The predominance of physical characters, predominance of diseases and their working capacity by exercise test was observed. Their anthropometric measurements, including height, weight and skin fold thickness were also recorded. Their lipid profile and T3, T4 tests were also done. It was also noted that in which pattern there was increase in medas. Above all observations were exclusive to their complaint present history, past history, family history and treatment history. On the basis of above all, observations were taken and results are concluded.

It is concluded by literatures that medas dhatu can be compared with metabolized fat, present either in adipose tissue or any part of body. Adipose tissue can be correlated with "**Medodharakala**". The medas sar person can be correlated with obese person in all conditions, where less medas is present. The medas sar purush of Charaka shows much hereditary influence, but obese persons have much nutritional influence, though clinically both manifest same type of characteristics.

By observations it is concluded that medas sar characteristics is more predominant in urban housewife females. In total, it is predominant in urban population with person performing their work with less exertion. They also enjoy prosperous life. They were more prone to diseases described in Ayurvedic texts and in modern medicine. Their working capacity was also significantly low. On the basis of observation of present thesis, it can be concluded that they were having less progeny but not in strict way. The deposition pattern of fat was according to their hormonal changes so, it can be concluded that hormonal influence plays much role in deposition of medas in medas sar subjects. The deposition was abrupt between the age of 13-17, 25-32 and 45-52 in females.

To decide parameter for identification of medas sar subjects, it is concluded that skin fold thickness can be taken as an effective parameter to decide medas sar subject from population. The single measurement of triceps skin fold can give sufficient account in general practice and in OPD procedure. In medas sar male it is more than 27.2 mm and in medas sar female it is more than 31 mm. The person having triceps skin fold more than it can certainly be categorized as medas sar purush. Though, it is much higher than international obesity parameters, which is more than 20 mm for male and 28 mm for female, but as this observation is dependent upon subjects seen in OPD and indoor with limited strength and variations. Other parameters like chest skin fold at mid axillary line at the level of xiphoid, skin fold at juxtra nipple region can also be taken for it with same range. The total lipid more than 910 mg/dl in male and 977 mg/dl in female, triglyceride level more than 196 mg/dl for male and 275 mg/dl for female, cholesterol level more than 372 mg/dl in male and 268 mg/dl in female can also be used as landmark to decide it.

The body surface area and body density can also be taken as parameter with other subjective characteristics, though it is difficult to follow it in general practice. It will serve a good base for research and academic purpose. Finally, it is concluded that no parameter should be taken, as the substitute of subjective physical, physiological and psychological characteristics but they should be given first preference and the idea should be confirmed and boosted in the light of these parameters. It is also suggestive that above conclusions are derived by observation done with 30 medas sar and non medas sar subjects, so, the parameter should not be taken in ultimate and absolute term and further extensive and emphasized study is needed with good laboratory facilities, in large number of population.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	60
4	[ArtTitle]	***PARADI GUNA- EK ADHYAYAN***
5	[ArtEqEng]	A study of Paradi guna
6	[NmeScholar]	Manisha S Karale
7	[NmeGuide]	N.R. Sabu
8	[NmeCoGuide]	
9	[Dept]	Department of Sanksrita-Samhita-Siddhanta
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1999
13	[EnNo]	118
14	[Lang]	Hindi
15	[Study]	
16	[SubStudy]	Sanksrita-Samhita-Siddhanta
17	[AnyOther]	
18	[Abst]	Acharya Charaka has mentioned Paradi guna in the 26th chapter of sutrasthana. He emphasizes its role in success of chikitsa (treatment). Out of ten guna Yukti, Samkhya and Prithakatva are having importance in research methodology. Yukti is nothing but a research planning. Samkhya is called as Ganita (Mathematics) by Charaka. The present day statistics is a branch of this science. It is concluded that the present day research methodology is having its roots in ancient Paradi guna.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	45
4	[ArtTitle]	***PRAKRITI-SATVA-SARACHYA ANUSHANGANE VYAVASAYIKA YASHAPAYASHA***
5	[ArtEqEng]	Professional Success with special reference to Prakriti-Satva-Sara
6	[NmeScholar]	Ravindra P Bhurke
7	[NmeGuide]	S.M.Sathye
8	[NmeCoGuide]	
9	[Dept]	Department of Sharira Kriya Vignyan
10	[Insti]	R.A. Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1997
13	[EnNo]	MED(A)-86
14	[Lang]	Sanskrit
15	[Study]	
16	[SubStudy]	Sharira Kriya Vignyan
17	[AnyOther]	
18	[Abst]	In this observational study 50 medical practitioners were analyzed with the help of questionnaire prepared on the base of brihattrayi. It was observed that 70% of Kapha prakriti individuals were highly successful, 95% of Pitta prakriti were averagely successful. 17 out of the 20 pravara satva practitioners were highly successful. All the individuals having uttam rasasara and uttam mamsasara were highly successful in practice. It is concluded that individual having kapaha pradhana prakriti, pravara satva, uttam rasasara and uttam mamsasara are flourishing in the practice.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	58
4	[ArtTitle]	***PRANAVAYU VA UDANAVAYUCHYA SHVASAN KARYACHE SHVASANAMAPINE (SPIROMETER) SVASTHA VYAKTITA VASTUNISHTHA MOJAMAPANA KARANE***
5	[ArtEqEng]	
6	[NmeScholar]	Kishor R Ugale
7	[NmeGuide]	S.M. Sathye
8	[NmeCoGuide]	
9	[Dept]	Department of Sharira Kriya Vignyan
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1997
13	[EnNo]	Med (A)-71
14	[Lang]	Sanskrit
15	[Study]	
16	[SubStudy]	Sharira Kriya Vignyan
17	[AnyOther]	
18	[Abst]	The aim of this study was to calculate the normal breathing holding capacity and its variation according to age. For this 100 svastha (healthy) individuals of different age group are subjected to testing by spirometer. Out of the 100, 67 were male and 33 were female. There were 25 individuals who were having vyayama satmya. They were excluded while calculating results.

1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	61
4	[ArtTitle]	***SAMHANANA- EK ABHYASA MAPADANDACHYA DRUSHTINE***
5	[ArtEqEng]	
6	[NmeScholar]	Hemangini S Vaghulade
7	[NmeGuide]	S.M.Sathye
8	[NmeCoGuide]	
9	[Dept]	Department of Sharira Kriya Vignyana
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1999
13	[EnNo]	150
14	[Lang]	Marathi
15	[Study]	
16	[SubStudy]	Sharira Kriya Vignyana
17	[AnyOther]	
18	[Abst]	50 healthy individuals were studied for samhanana pariksha. Total 56 bhava (parameters) were observed in each individual out of which the average was drawn of only 45 bhava. They were graded as Uttama, Madhyama and Hina. Out of 25 male patients 8 were having uttama samhanana, 14 of madhyama and 3 were of hina samhanana. In 25 females 7 were having uttama samhanana.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1469
4	[ArtTitle]	***STUDIES ON THYROID ADRENOCORTICAL AXIS IN OBESE FEMALES WITH SPECIAL REFERENCE TO INFERTILITY AND DEHA PRAKRITI***
5	[ArtEqEng]	
6	[NmeScholar]	Gehlot, Sangeeta
7	[NmeGuide]	G.P.Debey
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	In the present study, 49 adult females complaining primary or secondary infertility showing evidence of varying degree obesity were included. After careful clinical and laboratory examination the cases were classified and grouped for series of physical, biochemical and physiological investigations. Total body fat, muscularity and obesity index were measured. Biochemical parameters like lipid profile, plasma cortisol, T3-T4 SPBI, and epinephrine and norepinephrine were also measured and deha prakriti was determined. Females were labeled as vatika, paittika and shlaishmika. In brief, adiposity is a vatic effect showing most of the vatic symptoms as described in classical texts of Ayurveda. Various biochemical feedback mechanisms are responsible for the production of obesity and ultimately resulting in primary and secondary infertility. Comparatively vatik female suffer more with primary infertility than paittika and shlaishmik.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	30
4	[ArtTitle]	***MAJJASARA VYAKTI MADHYE DRISHTI PARIKSHANA- EKA ADHYAYANA***
5	[ArtEqEng]	A Study on examination of eye in Majjasara individuals
6	[NmeScholar]	Dinesh H Rathod
7	[NmeGuide]	B.T.Parshuramkar
8	[NmeCoGuide]	
9	[Dept]	Sharira kriya
10	[Insti]	Govt. Ayurved College, Nagpur
11	[Univ]	Nagpur university
12	[Year]	1999
13	[EnNo]	A/21629, GACN/98/96
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Sharira kriya
17	[AnyOther]	
18	[Abst]	Physiology of the body depends on Dhatusara. The metabolism and efficiency of a dhatu will be the best if it is having the best saratva. Acharyas have explained the physical as well as mental qualities of dhatusara. e.g. the individual having Majjasara will be having strength like an ant which carries load more than its own weight. Susruta has described Mahanetram a quality of Majjasara. In this present study 50 healthy individuals of Majjasara (which was decided on I.Q. test) and divided in three groups as uttama sara (25), madhyama sara (13) and hina sara(12). They were subjected to eye examination including vision and measurements of eyeball. The prevalence of 6/5 vision was more in uttama sara group and was in decreasing order in madhyama and hina sara. Measurements were also in a descending order from uttama to hina sara. It is concluded that the best vision and highest measurements of eyeball are found in uttama sara which coincides the narration of Majjasara in Susruta samhita.

1	[ArtID]	
2	[FolNo]	27
3	[SlNo]	19
4	[ArtTitle]	***A STUDY OF SHUKRA SARA PURUSHA***
5	[ArtEqEng]	
6	[NmeScholar]	
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1998
13	[EnNo]	238234
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	For the study, 86 subjects were selected and categorized into three groups comprising Shukra Sara (Group A, 23 Subjects), Shukra Madhya Sara (Group B, 35 subjects) and Shukra asara (Group C, 28 subjects). Subjects of Shukra Sara group have more than 70% intensity of incidence of textual characters while subjects of Shukra Madhya Sara group have between 40-70% and subjects of Shukra Asara group have below 40% intensity of incidence of characters. Observations were made on the basis of socio demographic, constitutional and investigational studies. As the basic aim of the study was to establish some objective parameters for Shukra Sara Purusha in order to make an easier approach for their clinical assessment, all the above mentioned aspects of subjects were taken into account and the following points were concluded.

1. Shukra Sara subjects are endowed with Shukra Dhatu of better quality and also in good quantity in comparison to Shukra Madhya Sara and Shukra Asara.
2. As far as dietary habits are concerned, majority of the Shukra Sara subjects are non vegetarian which provide a clue for their well built physique.
3. Shukra Sara individuals have less incidence of addictions while Shukra Asara individuals have maximum incidence of addictions.
4. Most of the Shukra Sara subjects belong to higher income group and better intelligence rendering higher quality of services.
5. Most of the Shukra Sara individuals are of normal physique, Kaphaja Deha Prakriti and Sattvika Manasa Prakriti while Shukra Asara individuals have more incidence of thin physique, predominance of Vataja Deha Prakriti and Tamas Manas Prakriti.
6. Shukra Sara individuals have big phallus, testes and large buttocks.
7. Most of the textual characteristics of Shukra Sara Purusha are found in high intensity among the subjects of Shukra Sara group. The intensity of characters i.e., Saumya, Praharsha Bahula, Arogya Bhak, Sammana Bhak, Apatya Bhak, Bahu Shukra, guru Shukra, Vidwan, Samhita Danta, Sara Danta, Snigdha Nakha and Samhita Nakha are found specifically high in Shukra Sara individuals in study and can be established as the key characteristics of Shukra Sara Purusha.
8. Shukra Sara individuals have better coital capacity and frequency of coitus.
9. Hemoglobin percentage, fasting blood sugar, serum protein, serum total testosterone, volume of semen, total sperm count and motility of sperms can be considered as the reliable objective parameters for Shukra Sara subjects along with the textual subjective characteristics. But the most important and most reliable single objective

parameters for the determination of Shukra Sara Purusha is serum total testosterone.

In brief androgenic activity may serve as an index of Shukra Sara Purusha. The present study is pilot in nature and requires more comprehensive investigations to reach on final conclusion.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	17
4	[ArtTitle]	***PRAKRITINUSARA STRI SHARIRATILA RAJAPARIKSHANA – EKA VAIGNYANIKA ADHYAYANA***
5	[ArtEqEng]	A scientific study on Menstruation in relation to Prakriti
6	[NmeScholar]	Shubhada R Guru
7	[NmeGuide]	N.P.Vaidya
8	[NmeCoGuide]	
9	[Dept]	Sharira kriya vignyana
10	[Insti]	Govt. Ayurved College, Nagpur
11	[Univ]	Nagpur university
12	[Year]	1998
13	[EnNo]	GACN 77/95, A 25351 A-1
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Sharira kriya
17	[AnyOther]	
18	[Abst]	This survey study is aimed at understanding the relation between prakriti and menstruation (rajapravritti). The conclusion are inferred on some points such as prakriti and menarche, maturity onset, period of menstrual cycle, menstrual flow, quantity, and associated symptoms and few heamatological tests. The average age of menarche was 15-17 yrs in vatakaphaja prakriti which was more than in pittakaphaja and pittavataja (14-15yrs). The menstrual cycle was of less than 30 days in kaphapittaja and more than 30 days in vatakaphaja females. The menstrual flow was for 4 days in kaphapittaja, pittakaphaja whereas in vatapittaja it was 3 days. The associated low backache was more in vatapittaja which was found reduced in kaphavataja after marriage and delivery. The quantity of menstrual flow was more in

vatapittaja, kaphapittaja and vatakaphaja females. There was no difference in the % heamoglobin, TCC and Lymphocyte during ovulation time and after menstruation. But increase in eosinophilia count was found during the ovulation time.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1377
4	[ArtTitle]	*A CRITICAL STUDY OF THE LITERATURE ON PERSONAL HYGIENE IN PRINCIPAL AYURVEDIC TEXTS*
5	[ArtEqEng]	
6	[NmeScholar]	S.N. Mishra
7	[NmeGuide]	L.V. Guru, R.H. Singh
8	[NmeCoGuide]	S. Nath
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	The object of the thesis is to have a critical study of the literature on personal hygiene in principal Ayurvedic texts. The study reveals a systematic description of various routine measures conductive to positive health. The literature appears to touch even the common points related to the upliftment of health in order to draw the attention of a common man to the healthful way of life. This study also reveals the fact that Ayurveda presents the comprehensive definition of health covering the normalcy of physical, mental, sensorial, spiritual and social aspects of life. The definition of health put forward by Susruta about 1000 years B.C. appears to suppress even the latest definition of health developed by world health organization. The Ayurvedic classics appear to have discussed in depth the rules of Swasthavritta i.e. personal hygiene,

Sadvritta i.e. rules of social conducts. At present, these principles of swasthavrita and sadvritta should be utilized as the major components of health education to the masses of our country.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1378
4	[ArtTitle]	*YOGA AND AYURVIJNANA*
5	[ArtEqEng]	
6	[NmeScholar]	Singh, Hari Krishna
7	[NmeGuide]	R.H. Singh, Kamala Prasad Singh
8	[NmeCoGuide]	S. Nath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The object of the present thesis is to have a critical study of ‘Yoga’ in the light of spiritual, philosophical and modern medical science. It also discusses the yoga practice used in promotion of health/physique and in curing the diseases. From the study it is obvious that the ‘Yoga’ unites the Jivatma with Paramatma, which is the ultimate goal of human life i.e. Moksha. Ayur-vijnan only able to cure or purify the person externally, it can not do it internally. But the yoga practice is able to purify the body and mind internally and the help the man to be super human i.e. to develop ‘Atma-cetana’ and so one can remain beyond the sukh-dukha (misery and happiness) phenomenon. Again, “yoga” described in Carak Samhita and Patanjali Yoga Sutra is same conceptually and their object is same, though description is found different. Now it is evident, the utility of

Yoga regarding spiritual development and promotion of health is unquestionable, but the utility in treating the diseases remains the subject of debate. But many scientific studies during last few years prove its utility in many diseases, especially in case of Psychosomatic illness. So from this study it can be suggested that the Yoga can be used for the promotion of physical and mental health and it can also be used in curing diseases specially psychosomatic diseases after scientific evaluation, otherwise it may be harmful to the body.

1	[ArtID]	
2	[FolNo]	18
3	[SlNo]	3
4	[ArtTitle]	*YOGAH CHITTA VRITTI NIRODHA: EKA ADHYAYANA*
5	[ArtEqEng]	Yogah chitta vritti nirodha: a study
6	[NmeScholar]	Jaya Vankhede
7	[NmeGuide]	U.S.Kandalkar
8	[NmeCoGuide]	
9	[Dept]	Sanskrit-Samhita-Siddhanta
10	[Insti]	Shree Ayurveda Mahavidyalaya,Nagpur
11	[Univ]	Nagpur university
12	[Year]	1999
13	[EnNo]	Y/16371, 252
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Sanskrit-Samhita-Siddhanta
17	[AnyOther]	
18	[Abst]	This was a placebo controlled comparative study. Total 50 patients were divided in three groups. 20 patients were treated with dhyana, 15 were with Alprazolam and rest 15 was treated with placebo. There was relief in insomnia. Patients of experimental group had good sleep than controlled and less than the standard group. Patients were also assessed on anxiety scale. Significant improvement was found in mental stress and insomnia due to mental stress.

1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***MEMBRANE INTEGRITY CHANGES AT HIGH TERRESTRIAL ALTITUDES***
5.	[ArtEqEng]	
6.	[NmeScholar]	K. K. Srivastava, S. K. Grover and Uma Ramachandran
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	
10.	[Insti]	Defence institute of Physiology & Allied sciences, New Delhi – 110 054.
11.	[Univ]	
12.	[Year]	PROBE, Vol. XXIX No. 2 Jan-Mar. 1990, pp. 112-117
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	*Creatine:* ATP Phosphotransferase (CPK) remains generally tightly bound within the cellular membranes in the neuroskeletal system. However, it leaks out into the circulation and its activity increases in the blood in neuroskeletal disorders as well as under such stress conditions which result in tissue hypoxia. This indicates alteration in cellular membrane integrity and permeability. Exposure to high terrestrial altitude in man (4,000 m) and simulated altitude (6000 m) in white rats resulted in several fold increase in serum CPK activity. With acclimatization, the SCPK activity decreased to almost normal level. Administration of a composite herbal preparation (CHP-Geriforte, Himalaya) was observed to decrease the hypoxia-induced increase in SCPK activity. This could be linked to the improvement in the oxygen delivery system of CHP-administered rats.

1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***EFFECTS OF A COMPOSITE INDIAN HERBAL PREPARATION ON COMBAT EFFECTIVENESS IN LOW-INTESITY CONFLICT OPERATIONS.***
5.	[ArtEqEng]	
6.	[NmeScholar]	Gopinathan P.M.,Grover S.K., Gupta A.K.,Srivastava K. K.
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	
10.	[Insti]	Defence institute of Physiology & Allied sciences, New Delhi – 110 054.
11.	[Univ]	
12.	[Year]	Military Medicine 1999 Nov: 164(11): 814-9
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	The efficacy of a composite Indian Herbal preparations (CIHP) in sustaining the mental performance of soldiers engaged in prolonged low-intensity conflict operations has been evaluated. For this purpose, a cohort of 56 soldiers acted as volunteers in combat situations. After recording their initial responses to psychological tests such as the d2 test, the trail making test, the serial addition test, the short-term memory test, and the IPAT, Anxiety Scale, they were randomly given either CIHP or placebo in a double-blind fashion for 8 days while they performed their usual combat duties. The final 3 days of assignments included physically exhausting and life-threatening evernts. On day 8, they were withdrawn from combat duties and the psychological tests were readministered

immediately. After 7 days of rest, the tests were repeated once again. The results indicate comparatively better performance immediately after the mission by the CIHP group. CIHP was effective at sustaining the mental abilities of soldiers in a low intensity conflict environment.

1. [SamSize]	
2. [ArtID]	
3. [FolNo]	
4. [SlNo]	
5. [ArtTitle]	***EFFECTS OF JOTISHMATI (CELASTRUS PANICULATUS) ON PSYCHOPHYSIOLOGICAL PERFORMANCE OF CHILDREN AND AGED PERSONS***
6. [ArtEqEng]	
7. [NmeScholar]	G. P. Dubey, B.S. Gupta, Aruna Agrawal, Uma Gupta, K. N. Udupa
8. [NmeGuide]	
9. [NmeCoGuide]	
10. [Dept]	Department of Basic Principles, Faculty of Ayurveda
11. [Insti]	Institute of Medical Science
12. [Univ]	Banaras Hindu University, Varanasi-221 005.
13. [Year]	Pharmacopsychoecologia (1990). 3, 65-68
14. [EnNo]	
15. [Lang]	English
16. [Study]	
17. [SubStudy]	
18. [AnyOther]	
19. [Abst]	Twenty five school going children of both the sex groups within the age range of 7 to 12 years and 20 aged persons of both the sex groups within the age range 60 to 65 years were selected to examine the effect of the organic extract of the seeds of Jyotishmati (C. paniculatus) on psychophysiological performance. The drug was administered at the daily oral dose of 20 mg in children and 30 mg in the aged for three months. The fluctuation of attention, visual reaction time and occipitofrontalis muscle action potential showed marked improvement in the children of the treated group. However in

the aged, the drug led to beneficial effects on the occipitofrontalis muscle action potential but no significant improvement could be observed in the fluctuation of attention. The drug produces marked effect among children but produces comparatively lesser effect in the aged.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***TINOSPORA CORDIFOLIA (GUDUCHI), A RESERVOIR PLANT FOR THERAPEUTIC APPLICATIONS: A REVIEW***
5	[ArtEqEng]	
6	[NmeScholar]	Kirti Sinha, N P Mishra, J Singh and S P S Khanuja
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Central Institute of Medicinal and Aromatic Plants, Lucknow, U.P.
11	[Univ]	
12	[Year]	Indian Journal of Traditional Knowledge Vol. 3(3), July 2004, pp.257-270
13	[EnNo]	
14	[Lang]	
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Tinospora cordifolia (Guduchi or Amrita) is an important drug of Ayurvedic System of Medicine and found mention in various classical texts for the treatment of diseases such as jaundice, fever, diabetes and skin disease etc. In present times, this drug has been subjected for numerous chemicals, pharmacological, pre-clinical and clinical investigations and many new therapeutic applications have been indicated. This paper presents a critical review in areas of chemical constituents, proved pre-clinical and clinical trials along with its medicinal uses in different streams of medical sciences.

1. [ArtID]	
2. [FolNo]	
3. [SlNo]	
4. [ArtTitle]	*ENHANCED THERMOGENESIS IN RATS BY A COMPOSITE INDIAN HERBAL PREPARATION-I AND ITS MECHANISM OF ACTION*
5. [ArtEqEng]	
6. [NmeScholar]	Ratan Kumar, S. K. Grover, Radhey Shyam, Divekar, A. K. Gupts, K.K. Srivastava.
7. [NmeGuide]	
8. [NmeCoGuide]	
9. [Dept]	
10. [Insti]	Defence institute of Physiology & Allied sciences, New Delhi – 110 054.
11. [Univ]	
12. [Year]	The Journal of Alternate and complementary medicine, Volume 5, Number 3, 1999, pp. 245-251
13. [EnNo]	
14. [Lang]	English
15. [Study]	
16. [SubStudy]	
17. [AnyOther]	

18. [Abst]

Objective: A composite Indian herbal preparation-I (CIHP-I) containing ingredients derived from 7 different plants and asphalt was tested for its adaptogenic activity and its mechanism of action was investigated.

Design: CIHP-I was tested using the cold-hypoxia-restraint (C-H-R) animal model in which the restrained rats were exposed to 5°C at 428 mm Hg atmospheric pressure. Rectal temperature (T_{rec}) of the rats was continuously monitored during the exposure and the recovery pedurance and the adaptogenic activity. Carbohydrate and lipid parameters were investigated to find out the nature of fuel being used during thermogenesis.

Results: After 12 weeks of administration of an oral dose of 7.5 mg/kg^{-1}/day^{-1}, CIHP-I was found to possess significant adaptogenic activity. CIHP-I helped improve resistance to C-H-R induced hypothermia (Trec 23°C) in animals by increased mobilization of free fatty acids (FFA) from adipose tissue. Blood glucose and muscle glycogen levels were maintained. CIHP-I treatment restricted the release of creatine phosphokinase (CPK) into the circulation during C-H-R exposure.

Conclusions: The result suggested that CIHP-I is a strong adaptogen. It improved cold resistance during C-H-R exposure and enhanced recovery from hypothermia. The energy-dependent cell membrane permeability was maintained. Stored lipids were mobilized and possibly used for thermogenesis in preference to carbohydrates.

4.2. REJUVENATORS AND APHRODISIACS

(RASAYANA AND VAJIKARANA)

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	7A
4	[ArtTitle]	***A CLINICAL AND BEHAVIORAL STUDY ON THE EFFECTS OF CERTAIN MEDHYA DRUGS ON BRAIN FUNCTIONS.***
5	[ArtEqEng]	
6	[NmeScholar]	Rishi Ram Koirala
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Institute of Medical Sciences
11	[Univ]	Benarus Hindu University
12	[Year]	1992
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present study deals with conceptual, clinical and behavioral study in human subjects and experimental animals to evaluate the effect of some Medhya drugs of plant origin in relation to anxiety and depression. Following 3 drugs were selected for clinical trial viz., Sankhapuspi, Aswagandha and Kapikacchu. The clinical study was done in 38 patients of Anxiety Neurosis (Cittodvega) and 30 cases of Depressive illness (cittavasada) treated with Sankhapuspi and Aswagandha and Kapikacchu in different groups. Experimental studies were conducted in normal and stressed albino rats treated with same plant drugs. Following parameters were used for assessment of the effect of trial drugs Hemilton's anxiety rating scale, Hemiltion's depression rating scale along with symptomatic assessment using improve symptom grading scale.

Final clinical and laboratory studies indicate that Sankhapuspi and Aswagandha possess anxiolytic effect while Aswagandha and Kapikacchu have significant antidepressant effect. The comparative study shows relatively more anxiolytic effect in Sankhapuspi and more pronounced antidepressant effect in Aswagandha than Sankhapuspi.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	2
4	[ArtTitle]	***A CLINICAL STUDY OF MEDHYA RASAYANA THERAPY IN APASMARA VIS-À-VIS EPILEPSY***
5	[ArtEqEng]	
6	[NmeScholar]	Kamalesh Kumar Dwivedi
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Institute of Medical Sciences
11	[Univ]	Benarus Hindu University
12	[Year]	1989
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present work deals with the conceptual study on Apasmara followed by a self controlled clinical trial of Medhya Rasayana in 50 cases of Apasmara, five drugs were selected for trial Viz. Mandukparni, Aswagandha, Sankhpuspi, Yastimadhu and Guduci. The clinical trial of Medhya Rasayana drugs in patients of Apasmara over a period of one year showed significant improvement in these patients in terms of reduction in mean frequency mean duration and grade of severity of fits. Separate trials with Aswagandha (W.somnifera) were also done. It was observed that the results of trial treatment were more pronounced in patients of vatika prakriti in contrast to those of Paittika prakrti where the response was minimum.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	13B
4	[ArtTitle]	***A COMPREHENSIVE STUDY OF RASAYANA WITH SPECIAL REFERENCE TO VARDHAMANA PIPPALI PRAYOGA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. T.H.M. Marideve Sharma,
7	[NmeGuide]	Dr. C.P. Chapannamath
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Banglore
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The whole dissertation is divided into 2 section. The first section dealt with the chapters regarding the various aspects of Rasayana its classification method of administration, Pippali and its gunas, Tamakashwasa and its management. The second section dealt with the case presentation method of administrative mode of action of Pippali as Rasayana in Tamakashwasa and the results of the clinical trial. Total 20 patients of Tamaka shwasa were selected for the study. Snehana, swedana and virechana were carried out for all 20 patients as poorvakarma to rasayana therapy. After 3 days of virechana, Vardamana Pippali yoga was started depending on the agnibala and dehabala the dose was find Pippali ksheera paka was advised for the diet simultaneously. Total duration of the yoga

prayoga was for 20 days.

Results were assured on the basis of symptomatology and Laboratory investigation. Gradual dhatu pushti was observed.

Lala srava was observed in all the patients, immediately after administration of the day to 7th day onwards.

Symptoms started reducing from 8th day.

Agnimandya aruchi and anidra reduce by 10th – 15th day.

Total reduction of symptoms was by 15 – 20 th day.

HB% was increased from 5 gram to 10 gram.

Emphysematous condition showed improvement.

No side effects were observed during the study.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	50B
4	[ArtTitle]	***A STUDY ON MEDHYA RASAYANA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. G. Muddanna
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry, Msam
8	[NmeCoGuide]	Dr. N.A. Murthy
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The dissertation is divided into 4 parts, first part contains introduction. Second contains review of literature third contains materials and methods and the further contain discussion and conclusion. For the present study is a controlled clinical study consisting of 50 students belonging to the age group 18-28 years were selected. Out of them 24% constituted males & 76% females. Psychological evaluation was done when the individual was free from anxiety, tension, nervousness etc., initially Trikatu churna was given for amapachana and then Hareetakyadi yoga for 3 days for shodhana followed by 7 days of samsarjana. The persons were assigned into group A and B consisting of 25 each. Group A was taken as control group and no medicine was given. Group B was taken as trial group and the persons were

administered Medhya rasayana i.e., 10 gr. of Yashtimadhu churna along with milk in the early morning for 1 month.

All the cases of Group A & B were subjected to I.Q & M.Q. tests for the intellectual capacity standard progressive matrices by J.C. Revan (Ed 1983) and confined use of SPM & MHV techniques was adopted. For the assessment of memory quotient a standardized memory scale by David weshsler & Calvin perton was adopted.

Out of the 50 cases taken for the study 36 shows improvement in which 12 belonged to group A and 24 to Group B. Yashtimadhu helps for the improvement of Medha, but the different psychological exercises have definite edge over the drug effect. The combined effort of the drug and the psychic exercises has dependable effect on Medha.

Direct attribution to Yashtimadhu as Medhya rasayana cannot be claimed. But it may act as Rejuvanant of the brain cells and nourhes the brain as well as nerves. Therefore can be concluded that Yastimadhu acts as bhalya & Medhya, thereby the mental activities particularly thinking, grasping, retaining and recollecting are enhanced. This clinical effect can be comprehended as Medhya rasayana.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	5
4	[ArtTitle]	***EFFECT OF MEDHYA RASAYANA DRUG IN PSYCHOMOTOR EPILEPSY VIS-À-VIS APASMARA AND ITS EEG CORRELATES.***
5	[ArtEqEng]	
6	[NmeScholar]	Ashwini Shetty
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Institute of Medical Sciences
11	[Univ]	Benarus Hindu University
12	[Year]	1991
13	[EnNo]	-
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	This study aims to workout the clinical and demographic profile of the patients of Apasmara vis-à-vis psychomotor epilepsy and also clinical trial of Medhya rasayana drugs in the treatment of these patients, utilizing symptomatic relief and EEG changes as parameters of therapeutic assessment. Clinical profile of fifty cases of Apasmara studied indicated that Apasmara and psychomotor epilepsy are comparable to a significant extent. Half of the patients in present service had normal E.E.G indicating a limited role of E.E.G., in the diagnosis of epilepsy in general. The clinical trial of Medhya rasayana drugs (Medhya vati. & Aswagandha curna) reduce the frequency duration and severity of seizures in patients of Apasmara.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	158
4	[ArtTitle]	***EXPERIMENTAL AND CLINICAL STUDIES ON BALARASAYANA***
5	[ArtEqEng]	
6	[NmeScholar]	Debnath, Purnes Chandra
7	[NmeGuide]	P.V. Tiwari, S.K. Dixit
8	[NmeCoGuide]	C. Chaturvedi
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1971
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Rasayanas have been prescribed in Ayurvedic literature to check physiological decay, promote immunity and enhance intelligence. Some of these drugs can be used in children thus may be termed as Balarasayanas although no such term exists in Ayurvedic literature. It may be presumed that Rasayana probably act as anabolic agents. The recipe used in the present study consists Pippali, Haritaki, Kushtha, Vacha, Haridra, Sariva, Meeta-Nimb, Jatamamsi and Brahmi. The recipe (R.P.) did not reveal anyacute or chronic toxicity in experimental animals. The effect of drug as a general physical growth agent was assessed on rabbits for one month. The animals were divided in to three groups. One group received R.P. in the dose of 500mg OD, second group got known anabolic agent Methandienone (Dianabol) and the third group kept as placebo control. Weight, Hb%, and TRBC count, serum calcium and phosphorus were assessed on 15th and 30th day after

induction of drug. Significant increase in Wt., Hb% and TRBC could be noticed in comparison to control group but no change seen in calcium and phosphorus levels. Clinical study conducted in children having general weakness and emaciation showed negligible change in body wt. Hb% and TRBC count with one month treatment.

1	[ArtID]	
2	[FolNo]	25
3	[SlNo]	44
4	[ArtTitle]	***AYURVEDIC IMMUNO MODULATORS AND THEIR DETOXIFYING CAPACITY – A PROBE***
5	[ArtEqEng]	
6	[NmeScholar]	Vd. Smt. Devaki Nadkarni
7	[NmeGuide]	Vd. M. M. Makwana
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	K.G.M.P Ayurvedic College
11	[Univ]	University of Mumbai
12	[Year]	
13	[EnNo]	
14	[Lang]	Hindi
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	

18 [Abst]

In the present work a time tested generic combination BRAHMA RASAYAN which incorporates the goodness of drugs affecting body, mind and sensory-motor organs. BRAHMA RASAYAN is also reported to possess the power to neutralize the toxic components consumed by us, knowingly are unknowingly.

The summary of the study findings are as follows:

1) Bramha Rasayan ensures the increment in Dhatu nirman prakriya.
2) The use of Bramha rasayana is more pronounced in case of healthy individuals, i.e. farther enhancing the health status.
3) When combined with physical exercise, Pranayama, yoga and regularity of routine conduct, the results are better.

4) The administration of Bramha Rasayan in individuals with a positive mind manifests better results.

5) Immuno- modulatory property of Bramha Rasayan leads to less agony in case of individuals suffering from chronic diseases.

6) Improved appetite and better weight gain in case of indi viduals with chronic Tuberculosis proves its therapeutic value.

7) The administration of Bramha Rasayana resulting into thera peutic benefits proposes that the aim of Rasayana therapy is to increase the body bulk (life decreased) and its capac ity to combat diseases.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1388
4	[ArtTitle]	***STUDIES ON IMMUNOSUPPRESSION AND IMMUNOSUPPRESSIVE ACTIVITIES OF INDIGENOUS DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	Singh Lokendra Man
7	[NmeGuide]	P .J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya - Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Immunosuppressive agents used especially in homotransplantations have special toxic reactions causing rejection crisis, lymphopenia, gastro intestinal disorders and greater incidence of malignancy. Present study intended to evaluate some of plants for their immunosuppressive activity with the help of scientific parameters. Drugs for this study have been selected from those used for (1) Splenomegaly (2) Lymphadenopathy (3) Chronic joint disorders in Ayurveda. Those were used of Amoora rohituka, Tecoma undulata, Erythrina indica and Soymida febrifuga, root of Glycyrrhiza glabra, leaves of Salvadora persica, whole plant of Tephrosa purpurea and Paederia foetida. Extract of these drugs applied to rabbits and rats. In vitro experiments done by some complicated scientific methods to find out results on lymphopenia, leucoagglutinin titres and graft survival of the patients. Immunosuppressive activ-

ity of Amoora rohituka, Glycyrrhiza glabra and Soymida febrifuga was strongly suggestive. Rest of the drugs does not exhibit any specific immunosuppressive properties.

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1352
4	[ArtTitle]	***COMPARATIVE CLINICAL AND EXPERIMENTAL STUDIES ON THE PSYCHOTROPIC EFFECT OF FOUR MEDHYA RASAYANA DRUGS DESCRIBED IN CARAK SAMHITA***
5	[ArtEqEng]	
6	[NmeScholar]	B.N. Sinha
7	[NmeGuide]	R.H. Singh
8	[NmeCoGuide]	S. Nath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present study is aimed at comparative clinical and experimental investigation on the psychobiological effect of four Medhya rasayana drugs described in Caraka samhita. The four Medhya rasayana drugs were viz. 1. Sankhapushpi (Convolvulus pluricalis) (ii) Mandukparni (Centella asiatica) (iii) Guduchi (Tinospora cordifolia) (iv) Yashtimadhu (Glycyrryza glabra). The 5th drug Brahmi (Bacopa monnieri) was also included in trial study as it was controversial with Mandukparni. The clinical trials were conducted in 6 groups of patients of Anxiety neurosis receiving trial treatment with five trial drugs and a placebo in the remaining one group. Effect of the therapy in each group was assessed in terms of (i) psychological assessment by anxiety, mental fatigue rate and memory span, (ii) physiological and biochemical assessment (iii)

and clinical recovery. The results indicated significant anti anxiety effect in Sankhapushpi, Brahmi and Mandukparni whereas the remaining two drugs did not show significant effect. The experimental observation indicated notable barbiturate hypnosis potentiation effect in Sankhapushpi, Brahmi and Mandukparni.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	6B
4	[ArtTitle]	***RASAYANA EFFECT OF CHYAVANAPRASHA ON KARSHYA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. V.S. Maddanimath.
7	[NmeGuide]	Dr. S.M. Angadi.
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Banglore
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	It is a most cherished desire of human era to lead a discarder's long and healthy life, so that the four objects of life such as Dharma, Artha, Kama and Moksha may be obtained by them. Every man craves to be a supreme man. Science of Rasayana is the outcome of this desire of ours. It holds out good hopes as to how to achieve the above objections of life by making the body disease free and healthy. In the present study Chyavanaprash avalehya has been thought of to ascertain and prove its beneficial therapeutically value on selected abnormal condition i.e. karshya. Patients provisionally diagnosed as karshya were selected, routine lab investigations. Blood protein level was conducted. Body weight was also recorded. After preparatory measures Chyavana prashavaleya was administered for 48 days.

The clinical trial has shown the remarkable improvement in subjective symptoms and less improvement in physical improvement. The improvement in hemoglobin, R.B.C.count and serum protein level was quite encouraging.

1	[ArtID]	
2	[FolNo]	1B
3	[SlNo]	78
4	[ArtTitle]	***A STUDY OF THE EFFECTS OF CHYAVANPRASHA WITH A SPECIAL REFERENCE TO BLOOD CHEMISTRY***
5	[ArtEqEng]	
6	[NmeScholar]	R.B.Rajan
7	[NmeGuide]	Vinayak Jayananda Thaker
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarath Ayurveda University, Jamnagar
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.S.A.M
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The study had been carried out on volunteers and patients in two groups. Equal individuals were included in each group. In the introduction of the study classification of Rasayan, importance, materials and methods are discussed. In the first part historical tradition of Chyavanprasha, composition, ingredients, properties, clinical actions, anupana, etc. are mentioned, while in second part presentation of records with commentary are discussed. In both the groups trial drug Chayanprasha was administered in a dose of one tola twice a day for 30 days after giving Shodhana. During the study, patients were kept on a diet consisting of rice, milk and ghee, while the other volunteer group was taking routine diet. This Rasayana was tried as Vatatapika. All the essential pathological and biological investigations were carried out before and

after treatment. It is concluded from the study that there is an increase of weight in patients and in volunteers (though insignificant) after the administration of Chayavanprasha. The W.B.C. count of the volunteers group had shown an overall increase except for a mild laxative effect, no change was seen in the composition of urine and stool. It indicates that the nourishing acting as well as anabolic action of trial drug in Rasadi dhatus is proved. Marked reduction in cholesterol value in volunteers group indicates its mode of action in preventing Jara (ageing).

1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1423
4	[ArtTitle]	***STUDIES ON IMMUNOLOGICAL ASPECT OF BALA RASAYANAS***
5	[ArtEqEng]	
6	[NmeScholar]	S.P.Dixit
7	[NmeGuide]	R.M.Gupta, P.V.Tiwari
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	PH.D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	The children immunologically so susceptible that even on slight exposure may harbor infection. Out of these infections, URTI constitutes major segment of pediatric illness. Ayurvedic classics have referred many medicaments which possess balya and rasayan properties to fight against diseases. The present study aims to assess immuno-enhancing effects of four Bala i.e. Bala (Sida cordifolia), Atibala (Abutilon indicum), Mahabala (Sida rhombifolia), and Bhumibala (Sida veronicaefolia). Immunological activity was explored on the basis of four parameters; a) Humeral antibody enhancing response against killed salmonella type of antigen in rabbits. B) Protection against virulent staphylococcus challenge in rabbits. C) Anti bacterial property against virulent staphylococcus aureus as agar plate d) Immunoglobin changes in serum of animals. Each drug was fed 500mg/kg body wt. for 24 days. Results show that higher level antibody filter was obtained in Abutilon

indicum and Sida cordifolia than rest 2 drugs. Abutilon indicum also showed protection against staphylococcus challenge. No drug possesses antibacterial property. No change in immunoglobulin levels can be observed. Clinical study conducted in 74 children having recurrent URTI revealed that blend of four types of Balas in the dose of 250 mg/kg body wt for a period of 12 months, there was significant decrease in attacks after 6 months treatment but maximum relief after 1 year treatment.

1	[ArtID]	
2	[FolNo]	1B
3	[SlNo]	156
4	[ArtTitle]	***STUDY OF THE RASAYAN EFFECTS OF MATRA BASTI***
5	[ArtEqEng]	
6	[NmeScholar]	N. Anjaneya
7	[NmeGuide]	V.J. Thakar
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarath Ayurveda University, Jamnagar
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	

18 [Abst]

Rasayana is a specialized branch of Ayurveda which provides man with vigor, virtue, enjoyment, long life, sound health, salvation, and wealth. Under Rasayana various types of medicaments are prescribed which are to be administered by orally. Similarly, some specific Achara also provides with the similar effect. Apart from these, Matra Basti has also been stated to have the Rasayana effects and in that sense it becomes very useful to the mankind to cure various diseases and to check the senescence.

In this present study 13 patients and 6 volunteers were selected. Patients were kept on a placebo for 7 days and during that period the investigations were carried out.

Then in the beginning, yoga Basti was given as a Shodhana Basti and then 15 Basti (Matra Basti comprised of 82 ml sesame oil, 16 ml honey and 1 gm Satahwa and Saindhava) were administered. During the treatment period, the standard hospital diet was given to them. After completion of the treatment the investigations were repeated. Certain exercises were also devised; weight, body measurements were examined.

Among the effects of Rasayana, Prashashtata of Rasadi Dhatus, Balavriddhi, Agnivriddhi, Brimhana, Vyadhiharana and Jaravinasha, etc. have been observed. Basti meets all the requirements of rasayana and is one of the varieties of Shodhana.

Colour, constitution, reaction and other microscopic findings of the stool have no significant effect of Matrabasti. However, the defecation is free and clear. Matrabasti clinically relieves Katishoola, Padagaurava, Padasamkocha and Daurbalya. It also increases Ruchi and Kshudha.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	52
4	[ArtTitle]	***ROLE OF RASAYAN ON THE CONVALESCENCE OF SURGICAL PATIENTS (GERIATR)***
5	[ArtEqEng]	
6	[NmeScholar]	Thakral, Kewal Krishna
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1968
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	Response of the aged to trauma poses an important problems and many a time defects the entire effort of surgical team. This study reveals as to how rasayana helps in the return of functional efficiency of body as a whole after surgical trauma. The drug Amlaki Rasayana was prepared by classical method. Three types of experimental surgery were done on old albino rats that were pre-operatively treated with the drug. For clinical 24 cases of inguinal hernia and 15 of senile hypertrophy of prostate, above 50 years of age, were selected. Prior to surgery the treated group took the drug 4 gm daily for 3 weeks. Post operative observations were made on the basis of 1. Clinical 2. Metabolic 3. Endocrinal 4.Nutritional, status. Amlaki Rasayana has an anabolic action and hastens healing process. The post operative convalescence, of aged surgical patients, if reduced to a shorter period under its effect.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	168
4	[ArtTitle]	***STUDIES ON ANABOLIC EFFECT OF CERTAIN INDIGENOUS DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	SAHAI, SUSHMA NARAIN
7	[NmeGuide]	C. Chaturvedi, S.P. Agrawal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Among Brihman (anabolic) drugs, Madhuyashti (Glycyrrhiza glabra) and Gambhari (Gmelina, arborea) find top place. Anabolic effect of these drugs was assessed in experimental animals and measured on the basis of changes in nitrogen retention, LA-VP ratio, serum proteins, Hb% and TRBC as well as body weight. 30 rabbits were divided in 5 groups of 6 animals' each. Group I received distilled water (control), Group II got Dianabol 0.2 mg OD, Group III was fed spirit extract of Madhuyashti 100mg./animal once daily and Group IV received spirit extract of Gambhari fruit 125mg/day where as V Group got both Madhuyashti and Gambhari exts. In above doses. Nitrogen retention was measured before, 2nd 3rd and 4th dy after the treatment and again on 28th, 29th and 30th day. Body weight, serum proteins, Hb% and TRBC were measured before, 15th day and 30th day. Analysis of

finding revealed that nitrogen retension, LA-VP ratio and weight were increased in combined treatment than single drugs. Although both the drugs were found effective singly but Gambhari exhibited better results. All the values were lower as compared with Dianabol group.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	196
4	[ArtTitle]	***STUDIES ON MEDHYA EFFECT OF ASTANGA-GHRTA***
5	[ArtEqEng]	
6	[NmeScholar]	Chandra, Ramesh
7	[NmeGuide]	C. Chaturvedi, K.N. Agrawal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	The use of Medhya drugs is closely associated with the practice of Ayurvedic medicine since the ages. The pharmacodynamics of these drugs elaborate them as valuable agents comprising the power of improving, renovating and rehabitating Medha. On the basis of various references, Astanga Ghrita was selected for clinical trial in mentally retarded children. It was also subjected to animal experimentation prior to human trials. Biochemical studies on rabbits showed reduction in Gama-Amino Butyric Acid (GABA). This is indicative of improvement in mental efficiency. It has not shown any toxic effects on rat and rabbits (Dose-0. 6-6ml/100gm weight, thus safe for human. On the basis of encouraging results obtained from experimental study, the drug was subjected to clinical trial in mentally retarded children. 10 cases were selected after assessing various standard

parameters and provided the drug 1ml/kg/day in 3 divided doses for 6 months.

The main symptoms, reported in these children, were defective memory and emotional upset along with delayed milestones. The mean I.O. which was 66.4 before treatment found increased to 87.06 after 6 months of treatment, significant (<0.001). Improvement in I.Q levels very well signifies the efficacy of the drug.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	33B
4	[ArtTitle]	***THE ROLE OF SHODHANA AS POORVAKARMA IN RASAYANA (WITH SPECIAL REFERENCE TO VIRECHANA)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Joseph. C.J.
7	[NmeGuide]	Dr. B.G. Gopinath
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The author has selected 10 patients suffering from Pandu roga. Because Panduroga is a disease of Dhatukshayaja origin. Which has major incidence in this hospital and else were also? The patients having shareera vaivarnyata, sadana, agni mandhya bhrama, balakshaya, aayasa, panduta of nakha, netra, tinnitus, vertigo, palpitation and HB% below 9 grams. Were selected. All the patients were subjected to snehana and swedana and haritakyadyoga (Haritaki, Amalaki, Saindhava lavana vacha, vidanga, haridra, pippali and shunti in equal parts) 20 grams with jaggery and warm water for the purpose of virechana. The patients were subjected to vicharana sneha with 25 ml of Kalayanakaghrita morning and evening for 5 days on 5 th and 7th day all the patients were given abhyanga followed by hot water both. There 10 patients were divided in 2 equal groups on a ran-

dom basis. Group-I patients 8 were given Haritakyadi choorna 20 grams in hot water at 7.00 A.M. for virechana. The Group – II patients were given 15 ml of Ajamoda arka twice daily improve the appetite.

After conducting virechana in Group-I, patients on the 8th day they were kept under samsarjana karma for 2 days. From 11th day all the patients of both groups were given Narasimha rasayana 20 grams in the morning and evening followed by 150 ml of cow milk as anupana. This rasayana prayoga was continued for 30 days.

During 1 month of follow up period 60% of these symptoms were vanished in group –I and 30% in Group – II patients.

By this considerable improvement in general health is noticed in Group –I patients than Group – II patients. This may be due to pacificator action of virehcana.

1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	162
4	[ArtTitle]	***EFFECT OF CERTAIN INDIGENOUS DRUGS IN OLIGOSPERMIA AND AZOOSPERMIA***
5	[ArtEqEng]	
6	[NmeScholar]	S.R.S. Parihar
7	[NmeGuide]	D.N. Mishra, P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti
17	[AnyOther]	
18	[Abst]	Sterility is considered curse for the women and lead to marriage maladjustments. Progeny depends upon the normal reproductive physiology of both partners. Though many factors held responsible for infertility however decreased motility and number of sperms are important in males. The present study explores the efficacy of Kapikacchu (Mucuna pruriens) and Shatavari (Asparagus racemosus) in Oligospermia with special reference to testicular regeneration and also presence of testosterone like activity in albino rats. For clinical study 100 cases between 20-40 years ago were the subjects of study. These patients were having sperm count between 0-60 millions/ml sperm count and or 0-50% motility. A combination of above two drugs was provided in the doses of 100mg/kg body wt. Maximum of 6gms in two divided doses for 3 months with milk. Viscosity, volume, mortality and sperm count showed significant improvement, symptomatic relief in premature

ejaculation, white discharge, functional impotency was also noticed. Increase in volume (t=8.07) motility (t=6.8) and sperm count (t=7.32) was significant (0<001). Finally 49% cases got good improvement and 24% remained unchanged, rest 27% got mild to moderate relief. Experimental study conducted in the doses of 100mg./100gm body wt. for 15 days revealed that both these drugs when administered combined showed better orgagenesis (<0.001) but almost half as compared to testosterone group. Combined drugs also stimulate testicular regeneration.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	68B
4	[ArtTitle]	***ERANDA MOOLO VRUSHYANAM***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Shaik Aleem.
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry
8	[NmeCoGuide]	Dr. P. Latha
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1993
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Male cases were selected between the age group of 25-70 yrs and divided into 3 groups, each consists of 5 cases. **Group A** – Eranda moola lehya kalpa – 10 grams thrice daily after food. **Group B** – Yoga Basti. Anuvasana: Ksheera bala taila (Sahasra yoga) Niruha : Erand a moola kwatha **Group C** – A placebo in Lehya form (Ghee 1 Part, Madhu ½ part, Sugar 1 part water as required) was given thrice a day after food. The duration of treatment for a period of 30 days in group A, 8 days in Group B, 30 days in Group C. It has been observed that there is general improvement in weight,

chest neck, hip, and abdomen measurement.Other than these the desire, erection, ejaculation, sperm count and volume were increased. In comparison between Group A and B, in Group A action of Shukra – Vruddhi (increased in volume). were as in Group B sperm count is increased. There is increased praharshna in Group B in comparison to Group A.

1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	18B
4	[ArtTitle]	***KLAIBYA WITH SPECIAL REFERENCE TO SUKRAKSHAYAJANYA KLAIBYA AND ITS MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Muralidhar. A.
7	[NmeGuide]	Dr. T.S. Vanajakshamma
8	[NmeCoGuide]	Dr. B.G. Gopinath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The ages of the patients varied from 20-40 years of ages and the duration of the illness varies from 1 1/2 -5 years. In the practical aspect 10 cases of Sukra kshaya were studied using semen analysis as parameter. Ashwagandha churna in dosage of 1 Karsha (11.6 grams) in a single dose at night for 15 days along with 1 cup of milk, showed some degree of positive effect on sukravriddhi. Nidana aspect, personnel history reveals that the psychological factors and more indulgence in sex and physical strain play an important role in causing the disease. Lab Investigations revealed the less quantity of semen and low sperm count in all cases.

After treatment the semen quantity did not cross 2.0 cc levels, 4.6 million sperm / cc

The results revealed that there were no marked improvements seen in the present clinical study.

1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	**PHARMACOGNOSTICAL AND CLINICAL STUDY ON DIFFERENT MARKET SAMPLES OF MUSALI AND THEIR EFFICACY AS VAJEEKARANA DRAVYA**
5	[ArtEqEng]	
6	[NmeScholar]	Dr. B. Venkateshwarlu
7	[NmeGuide]	Dr. P. Vasanth
8	[NmeCoGuide]	Dr. D. Vijayakumar
9	[Dept]	Department of Dravyaguna
10	[Insti]	Dr. B. R. K. R. Government Ayurvedic Medical College, Hyderabad, A.P.
11	[Univ]	N.T.R. University of Heath Sciences, A.P., Vijayawada.
12	[Year]	2002
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Pharmacognosy and clinical study
17	[AnyOther]	
18	[Abst]	This study comprise the following two primary components

1. Pharmacognostic study of different market sample of Musali
2. Clinical study to evaluate the Vajikarana effect of Musali

Pharmacognostic study

a) In Pharmacognostic study, samples sold in the name of Musali were collected from various sources.

b) Detailed macroscopic, microscopic, physicochemical tests and HPTLC analysis done on these markets samples and compared with the genuine samples.

c) It was observed that, botanical source of Kali musali is

Curculigo orchioides; where as botanical sources of Safed Musali are varies from market to market. Mainly three botanical sources were identified namely, tuber ous roots of Asparagus adscendens, Chlorophytum arundinaceum and Chlorophytum borivillianum.

Clinical study

a) In clinical study, male patients complaining sexual debil ity/ infertility were selected in to four groups (consists 10 patients in each).

b) Curculigo orchioides, Asparagus adscendens, Chlorophytum arundinaceum and Chlorophytum borivillianum powder in the dose of 3gm twice daily with milk for 3 months was given for Group I, II, III and IV respectively.

c) In clinical studies it is observed that Asparagus adscendens has significantly improved the semen param eters followed by Chlorophytum borivillianum. Where as in sexual parameters, Curculigo orchioides has shown better effects followed by Chlorophytum borivillianum.

Detailed disease review, drug review along with reasons to consider various botanical sources as Safed Musali, etc. were also detailed.

IMMUNOMODULATORS AND ADAPTOGENS

1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	*ADAPTOGENS IN HIGH MOUNTAINS*
5.	[ArtEqEng]	
6.	[NmeScholar]	Dr. K. K. Srivastava
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	
10.	[Insti]	Defence institute of Physiology & Allied sciences, New Delhi.
11.	[Univ]	
12.	[Year]	Indian Journal of Natural Products, II, pp13-19 (1995)
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	A comprehensive human study was undertaken on two hundred soldiers. Who had spent one year at moderate high altitude (3000-4500 m). The subjects were divided in two groups. One group stayed at extreme altitude (4800-6000 m) for 3 months. While the other stayed for 6 months. The efficacy of the Panax ginseng and CHIP, given to men during their induction and stay at extreme high altitude was evaluated in double blind fashion during their stay in exteme high altitude and after their arrival in plains (230 m.) The 'build up' dose was two tablets twice a day (CHIP 550 mg/tab; Panex ginseng 250 mg/tab) for one week followed with a maintenance dose of one tablet twice a day for the entire period of stay in extreme altitude.

The psycho-physiological performance, physical performance and sensitive indices of oxygen availability to the tissues were improved by the intake of adaptogens upto a period of three months stay in high mountains (4800-600 m). As the adaptogens intake provided protection from high altitude stress therefore, they should be given as health food supplements.

1.	[SamSize]	
2.	[ArtID]	
3.	[FolNo]	
4.	[SlNo]	
5.	[ArtTitle]	***ANTI-AGING EFFECTS OF BADRIPHAL (HIPPOPHAE RHAMNOIDES L)***
6.	[ArtEqEng]	
7.	[NmeScholar]	B.S. Gupta, Aruna Agrawal, G. P. Dubey, K. N. Udupa
8.	[NmeGuide]	
9.	[NmeCoGuide]	
10.	[Dept]	Department of Basic Principles
11.	[Insti]	Institute of Medical Science
12.	[Univ]	Banaras Hindu University, Varanasi-221 005.
13.	[Year]	Pharmacopsychoecologia (1990). 3, 53-57
14.	[EnNo]	
15.	[Lang]	English
16.	[Study]	
17.	[SubStudy]	
18.	[AnyOther]	
19.	[Abst]	Twenty male subjects in the age-range of 64-70 years at the commencement of the study provided the data. The efficacy of Badriphal (Hippophae rhamnoides L.) in arresting the age-related deficits in psychobiological functioning was examined. The organic extract of Badriphal in a powdered form and concealed in capsules, was administered to elderly males, using a double-blind procedure, in a five year follow-up. The results clearly reveal that the drug is capable of arresting age-related deficits in acetylcholine, short-term and long-term memory and psychomotor performance.

1.	[SamSize]	
2.	[ArtID]	
3.	[FolNo]	
4.	[SlNo]	
5.	[ArtTitle]	*AGE CONSISTENT COGNITIVE DECLINE – AN AYURVEDIC PHARMACOLOGICAL MANAGEMENT*
6.	[ArtEqEng]	
7.	[NmeScholar]	Aruna Agarwal, Abhilasha Sharma, G Victor Rajamanickam and G. P. Dubey
8.	[NmeGuide]	
9.	[NmeCoGuide]	
10.	[Dept]	Department of Basic Principles
11.	[Insti]	Institute of Medical Science
12.	[Univ]	Banaras Hindu University, Varanasi-221 005.
13.	[Year]	Indian Journal of Gerontology, 2006, Vol. 20, No. 4, pp 317-336
14.	[EnNo]	
15.	[Lang]	English
16.	[Study]	
17.	[SubStudy]	
18.	[AnyOther]	
19.	[Abst]	Impairment of memory and learning need not accompanying normal ageing. Susceptibility to age – related cognitive decline varies widely among individuals, suggesting that suitable interventions may be helpful in preventing its occurrence. A large number of references indicates that age related cognitive decline may be controlled or prevented by suitable pharmacologic and non-pharmacologic methods to a significant extent. There is a global demand towards the utilization of plant based products to meet out health care need of the population world wide. Indian subcontinent rely on traditional medicine mainly Ayurvedic drugs. Traditional medicine could not get recognition in the absence of scientific evidences.

Keeping the facts in view 61 aged subjects of both sex with an age range of 62-75 years were selected. 28 aged had cognitive deficits particularly the memory loss. Whereas 33 were normal aged. The subject of both group were treated with organic extract of Bacopa monnieri in effective doses continuously for six months and evaluated on various neuropsychological parameters. The results obtained at the end of six months revealed beneficial effect in improving memory and attention span and also associated behavioural problems among demented elderly people. The neurochemical loss was checked and enhanced in senile dementia cases. The test drug has potentiality to improve memory and other cognitive deficits among the aged suffering from dementia and associated behavioural problems.

1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***A CLINICAL STUDY ON THE ROLE OF AMALAKI RASAYANA IN THE MANAGEMENT OF SUKRADUSTI WITH SPECIAL REFERENCE TO ASTHENOZOOSPERMIA***
5.	[ArtEqEng]	
6.	[NmeScholar]	Soni Haresh. N. and Prof. Gurdip Singh
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	Dept. of Kayachikitsa
10.	[Insti]	I.P.G.T. & R. A.,
11.	[Univ]	Gujarath Ayurveda University, Jamnagar.
12.	[Year]	AYU, May 2000
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	Effect of Amalaki Rasayana: 13 patients of asthenozoospermia were treated by Amalaki Rasayana for 30 days in the dose of 3 gms. 3 times per a day with Ghrta, Madhu and Milk, Amalaki Rasayana provided significant effect on RLP motility and in decreasing immotility. Other semen parameters were got improved except head abnormality but these effects on semen parameters were statistically insignificant. Sexual health parameters were also increased and improved, amogst them penis rigidity, ejaculation and orgasm were statistically significantly improved. Total effect of therapy on asthenozoospermia showed that 38.40% patients of asthenozoospermia got improved. 30.77% were markedly improved and 30.77% patients remained unchanged.

APPENDICES

8.1. USER MANUAL FOR ONLINE RESEARCH DATABASE

Appendix - I

USER MANUAL TO WEB-BASED ELECTRONIC RESEARCH DATABASE

Web-based portal on Research Database on Ayurveda, Siddha, Other Traditional Medicine and Related Sciences developed by National Institute of Indian Medical Heritage, Hyderabad (CCRAS) has following components.

1. **Research database with dynamic search options for users**
2. **Online submission of Research Abstracts**

Process regulation

The information submitted by the contributors through online will be scrutinized, edited and refined by the institute. Then, the suitable information will be incorporated in the user database.

General instructions

- Research database with dynamic search options can be freely accessibly to all the users.
- The contributors should initially register their names with unique user name and password for online submission of Research Abstracts
- Submit the data through Online Research Abstracts Format following the procedures
- Each submitted abstract will be given a unique ID for contributor's reference
- The contributors can view their submitted research abstracts at a glance

To access the Online Research Database website

Direct URL: http://ccrasrdb.ap.nic.in

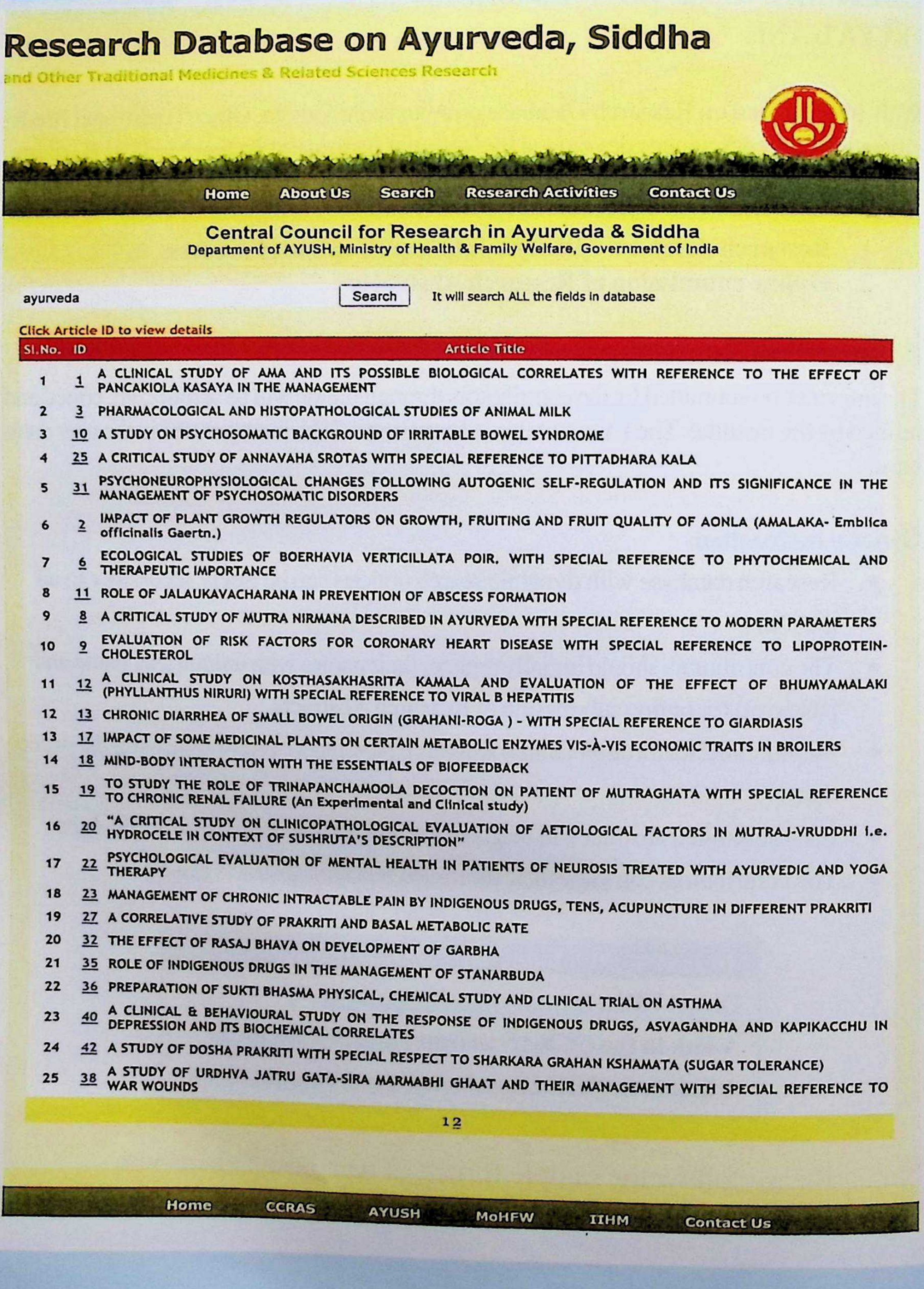
A link in the CCRAS website: http://ccras.nic.in

A link in the NIIMH website: http://iihm.ap.nic.in

Note: Please follow the sample format of web based electronic submission forms .

8.1. USER MANUAL FOR ONLINE RESEARCH DATABASE

SAMPLE FORMAT OF WEB BASED ELECTRONIC SUBMISSION FORM



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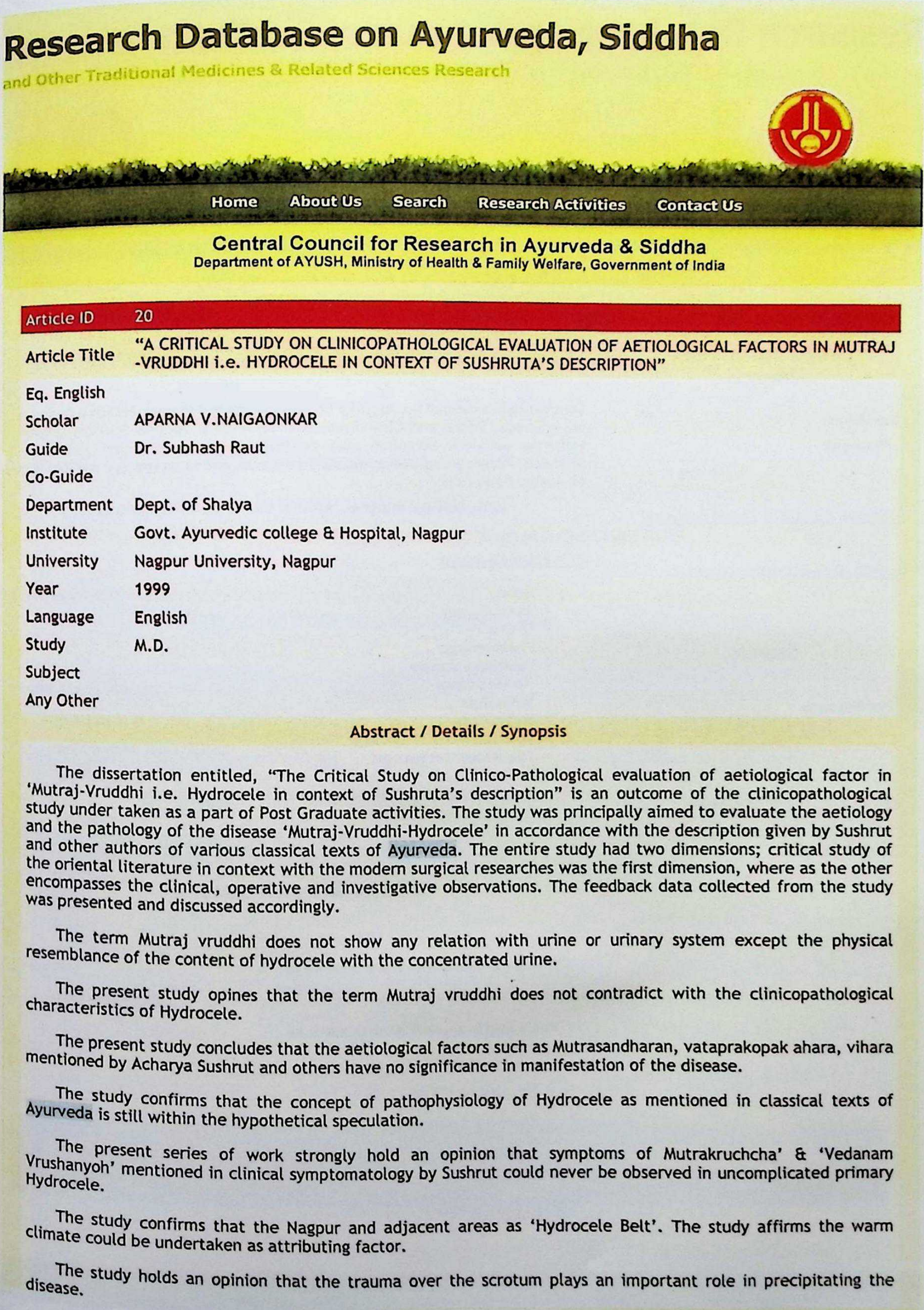
Sl.No.	ID	Article Title
1	1	A CLINICAL STUDY OF AMA AND ITS POSSIBLE BIOLOGICAL CORRELATES WITH REFERENCE TO THE EFFECT OF PANCAKIOLA KASAYA IN THE MANAGEMENT
2	3	PHARMACOLOGICAL AND HISTOPATHOLOGICAL STUDIES OF ANIMAL MILK
3	10	A STUDY ON PSYCHOSOMATIC BACKGROUND OF IRRITABLE BOWEL SYNDROME
4	25	A CRITICAL STUDY OF ANNAVAHA SROTAS WITH SPECIAL REFERENCE TO PITTADHARA KALA
5	31	PSYCHONEUROPHYSIOLOGICAL CHANGES FOLLOWING AUTOGENIC SELF-REGULATION AND ITS SIGNIFICANCE IN THE MANAGEMENT OF PSYCHOSOMATIC DISORDERS
6	2	IMPACT OF PLANT GROWTH REGULATORS ON GROWTH, FRUITING AND FRUIT QUALITY OF AONLA (AMALAKA- Emblica officinalis Gaertn.)
7	6	ECOLOGICAL STUDIES OF BOERHAVIA VERTICILLATA POIR. WITH SPECIAL REFERENCE TO PHYTOCHEMICAL AND THERAPEUTIC IMPORTANCE
8	11	ROLE OF JALAUKAVACHARANA IN PREVENTION OF ABSCESS FORMATION
9	8	A CRITICAL STUDY OF MUTRA NIRMANA DESCRIBED IN AYURVEDA WITH SPECIAL REFERENCE TO MODERN PARAMETERS
10	9	EVALUATION OF RISK FACTORS FOR CORONARY HEART DISEASE WITH SPECIAL REFERENCE TO LIPOPROTEIN-CHOLESTEROL
11	12	A CLINICAL STUDY ON KOSTHASAKHASRITA KAMALA AND EVALUATION OF THE EFFECT OF BHUMYAMALAKI (PHYLLANTHUS NIRURI) WITH SPECIAL REFERENCE TO VIRAL B HEPATITIS
12	13	CHRONIC DIARRHEA OF SMALL BOWEL ORIGIN (GRAHANI-ROGA) - WITH SPECIAL REFERENCE TO GIARDIASIS
13	17	IMPACT OF SOME MEDICINAL PLANTS ON CERTAIN METABOLIC ENZYMES VIS-À-VIS ECONOMIC TRAITS IN BROILERS
14	18	MIND-BODY INTERACTION WITH THE ESSENTIALS OF BIOFEEDBACK
15	19	TO STUDY THE ROLE OF TRINAPANCHAMOOLA DECOCTION ON PATIENT OF MUTRAGHATA WITH SPECIAL REFERENCE TO CHRONIC RENAL FAILURE (An Experimental and Clinical study)
16	20	"A CRITICAL STUDY ON CLINICOPATHOLOGICAL EVALUATION OF AETIOLOGICAL FACTORS IN MUTRAJ-VRUDDHI i.e. HYDROCELE IN CONTEXT OF SUSHRUTA'S DESCRIPTION"
17	22	PSYCHOLOGICAL EVALUATION OF MENTAL HEALTH IN PATIENTS OF NEUROSIS TREATED WITH AYURVEDIC AND YOGA THERAPY
18	23	MANAGEMENT OF CHRONIC INTRACTABLE PAIN BY INDIGENOUS DRUGS, TENS, ACUPUNCTURE IN DIFFERENT PRAKRITI
19	27	A CORRELATIVE STUDY OF PRAKRITI AND BASAL METABOLIC RATE
20	32	THE EFFECT OF RASAJ BHAVA ON DEVELOPMENT OF GARBHA
21	35	ROLE OF INDIGENOUS DRUGS IN THE MANAGEMENT OF STANARBUDA
22	36	PREPARATION OF SUKTI BHASMA PHYSICAL, CHEMICAL STUDY AND CLINICAL TRIAL ON ASTHMA
23	40	A CLINICAL & BEHAVIOURAL STUDY ON THE RESPONSE OF INDIGENOUS DRUGS, ASVAGANDHA AND KAPIKACCHU IN DEPRESSION AND ITS BIOCHEMICAL CORRELATES
24	42	A STUDY OF DOSHA PRAKRITI WITH SPECIAL RESPECT TO SHARKARA GRAHAN KSHAMATA (SUGAR TOLERANCE)
25	38	A STUDY OF URDHVA JATRU GATA-SIRA MARMABHI GHAAT AND THEIR MANAGEMENT WITH SPECIAL REFERENCE TO WAR WOUNDS

1 2



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Article ID	20
Article Title	"A CRITICAL STUDY ON CLINICOPATHOLOGICAL EVALUATION OF AETIOLOGICAL FACTORS IN MUTRAJ -VRUDDHI i.e. HYDROCELE IN CONTEXT OF SUSHRUTA'S DESCRIPTION"
Eq. English	
Scholar	APARNA V.NAIGAONKAR
Guide	Dr. Subhash Raut
Co-Guide	
Department	Dept. of Shalya
Institute	Govt. Ayurvedic college & Hospital, Nagpur
University	Nagpur University, Nagpur
Year	1999
Language	English
Study	M.D.
Subject	
Any Other	

Abstract / Details / Synopsis

The dissertation entitled, "The Critical Study on Clinico-Pathological evaluation of aetiological factor in 'Mutraj-Vruddhi i.e. Hydrocele in context of Sushruta's description" is an outcome of the clinicopathological study under taken as a part of Post Graduate activities. The study was principally aimed to evaluate the aetiology and the pathology of the disease 'Mutraj-Vruddhi-Hydrocele' in accordance with the description given by Sushrut and other authors of various classical texts of Ayurveda. The entire study had two dimensions; critical study of the oriental literature in context with the modern surgical researches was the first dimension, where as the other encompasses the clinical, operative and investigative observations. The feedback data collected from the study was presented and discussed accordingly.

The term Mutraj vruddhi does not show any relation with urine or urinary system except the physical resemblance of the content of hydrocele with the concentrated urine.

The present study opines that the term Mutraj vruddhi does not contradict with the clinicopathological characteristics of Hydrocele.

The present study concludes that the aetiological factors such as Mutrasandharan, vataprakopak ahara, vihara mentioned by Acharya Sushrut and others have no significance in manifestation of the disease.

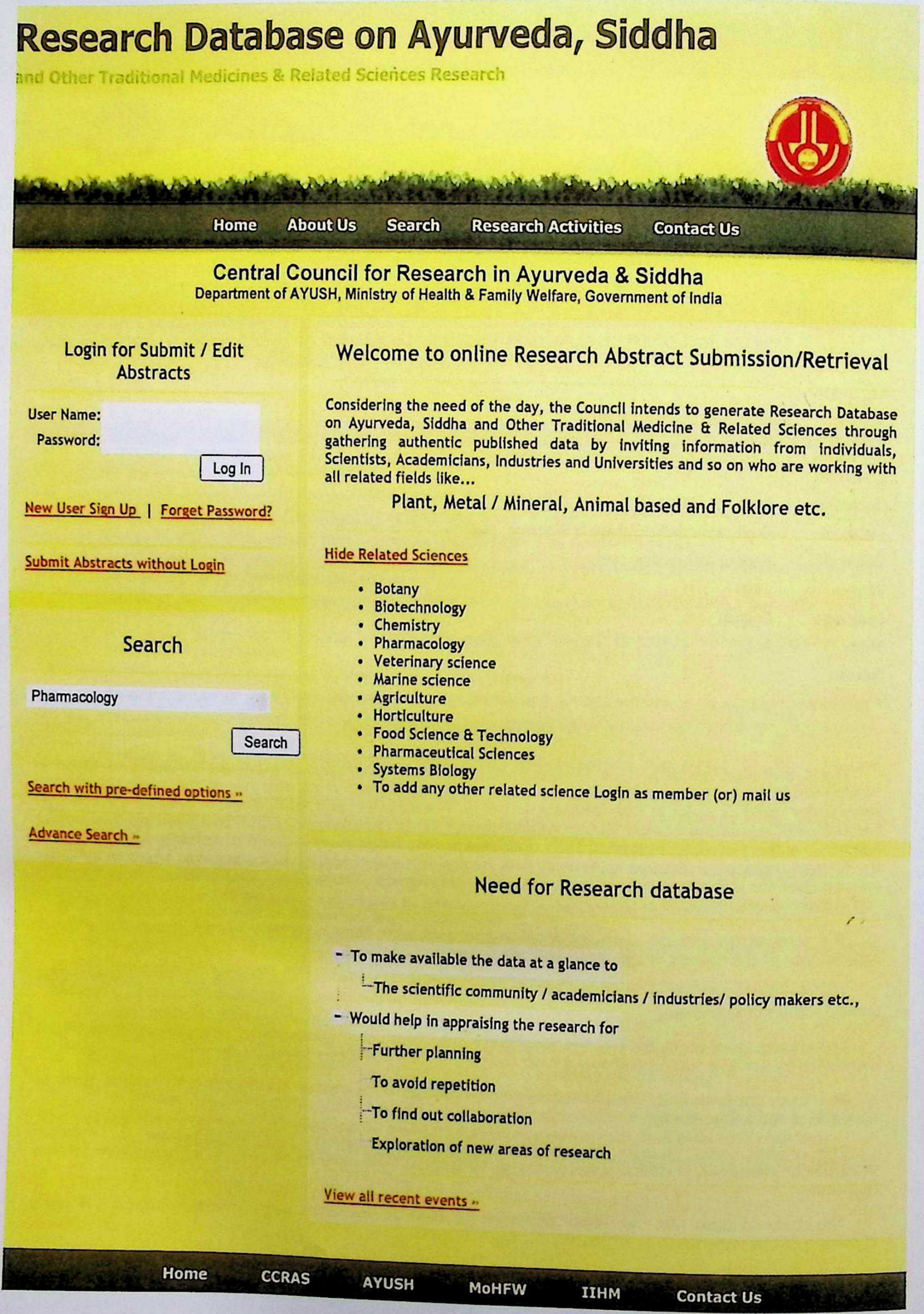
The study confirms that the concept of pathophysiology of Hydrocele as mentioned in classical texts of Ayurveda is still within the hypothetical speculation.

The present series of work strongly hold an opinion that symptoms of Mutrakruchcha' & 'Vedanam Vrushanyoh' mentioned in clinical symptomatology by Sushrut could never be observed in uncomplicated primary Hydrocele.

The study confirms that the Nagpur and adjacent areas as 'Hydrocele Belt'. The study affirms the warm climate could be undertaken as attributing factor.

The study holds an opinion that the trauma over the scrotum plays an important role in precipitating the disease.

8.1. USER MANUAL FOR ONLINE RESEARCH DATABASE



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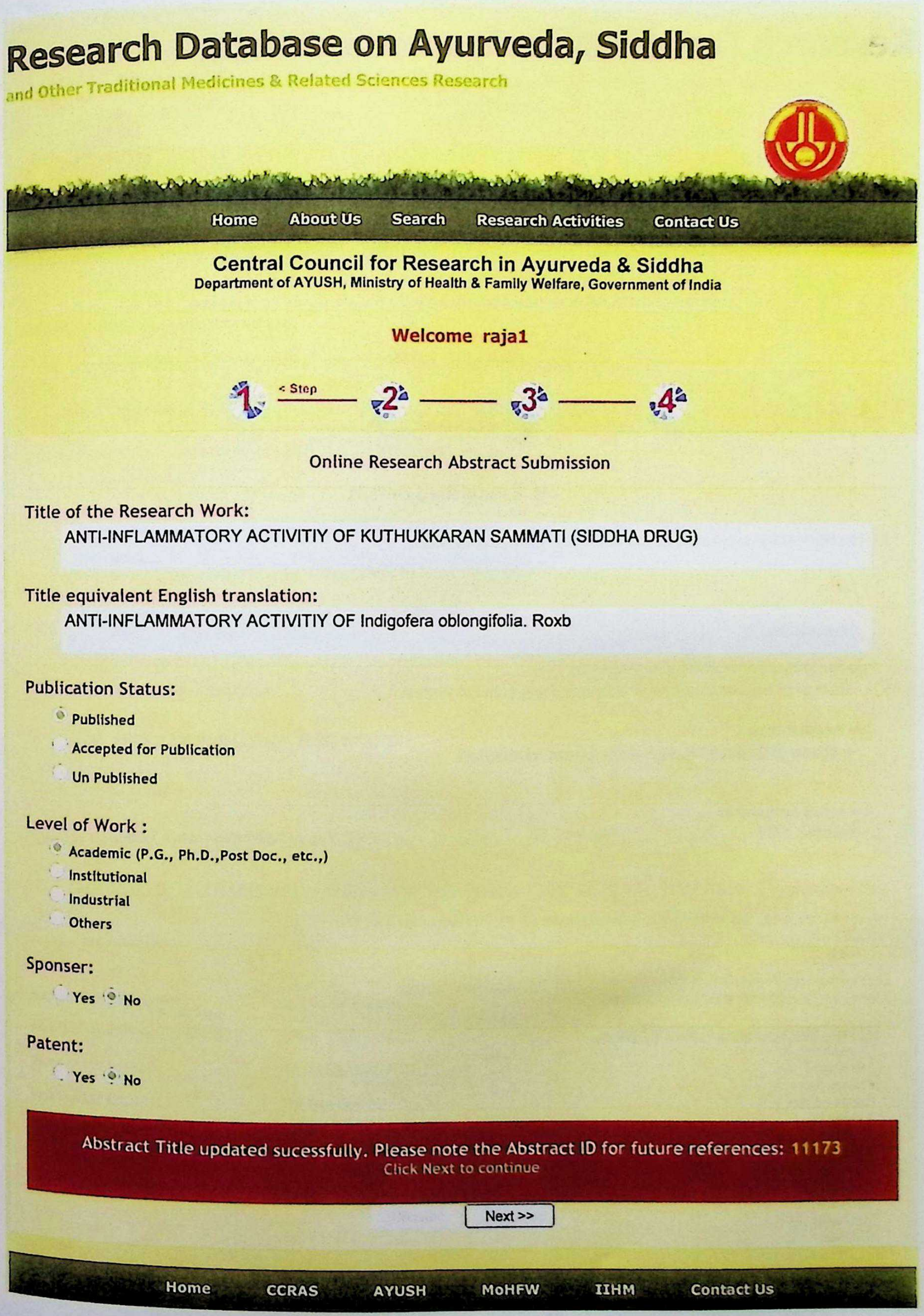
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○ Accepted for Publication

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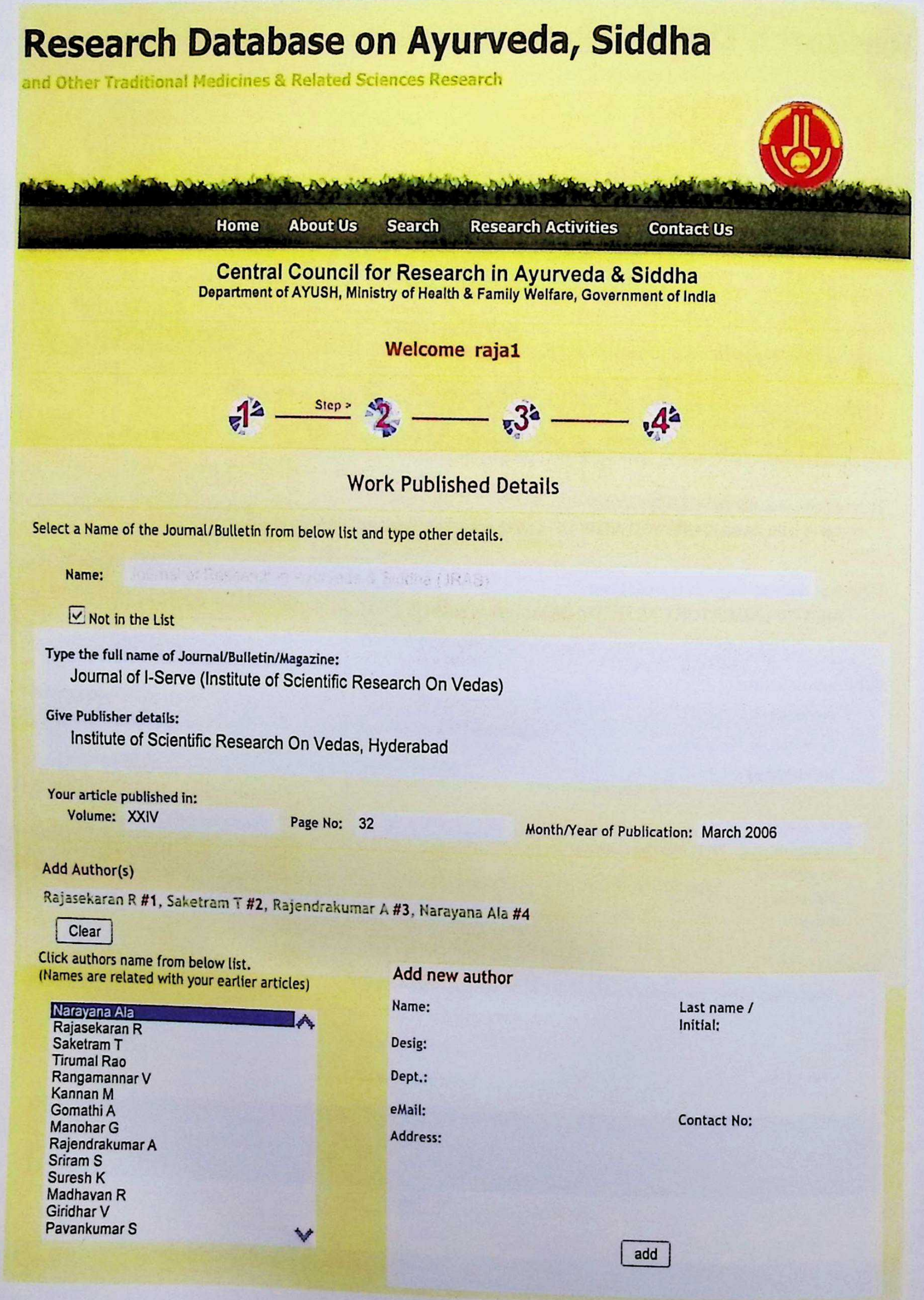
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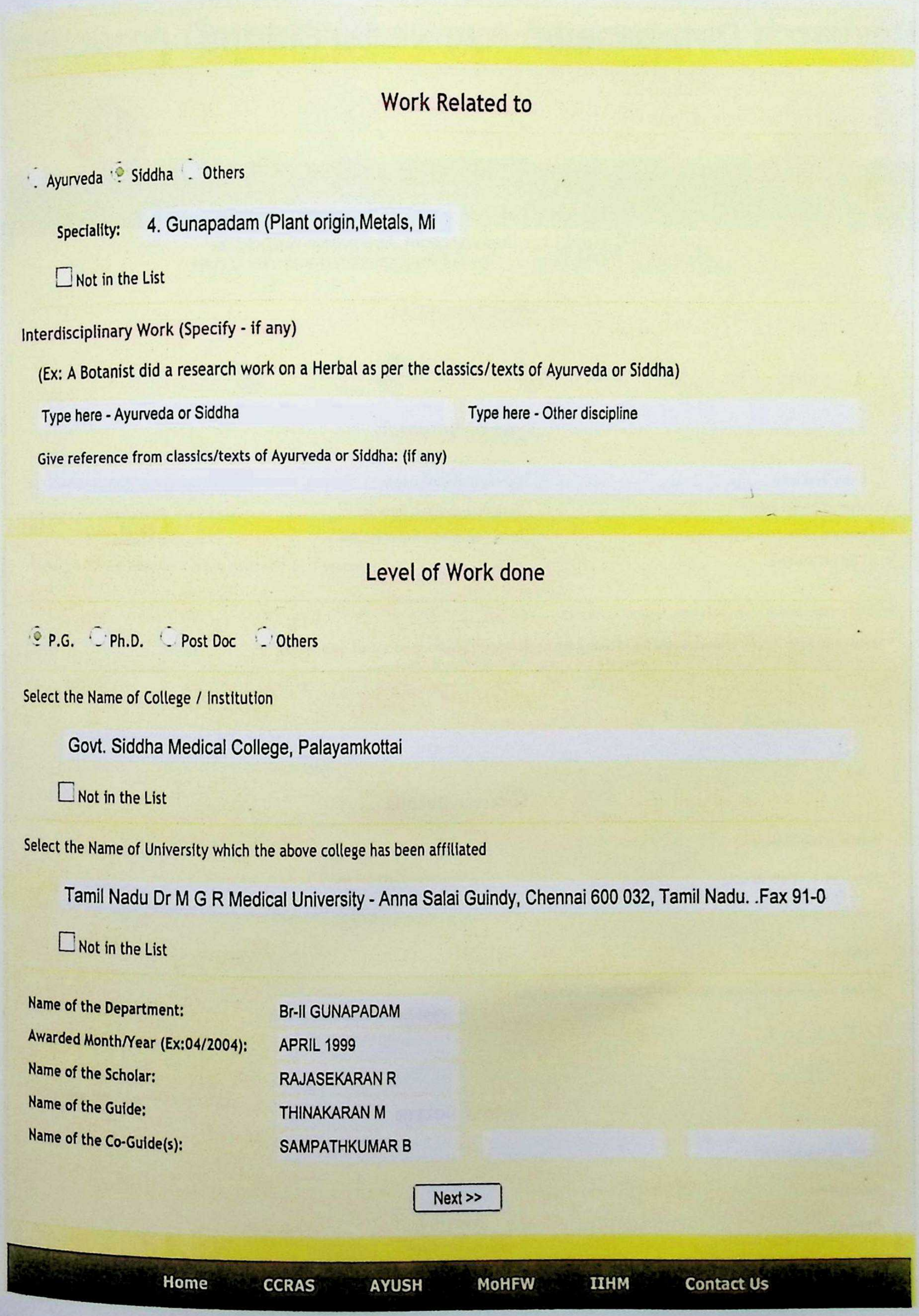

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Awarded Month/Year (Ex:04/2004): APRIL 1999

Name of the Scholar: RAJASEKARAN R

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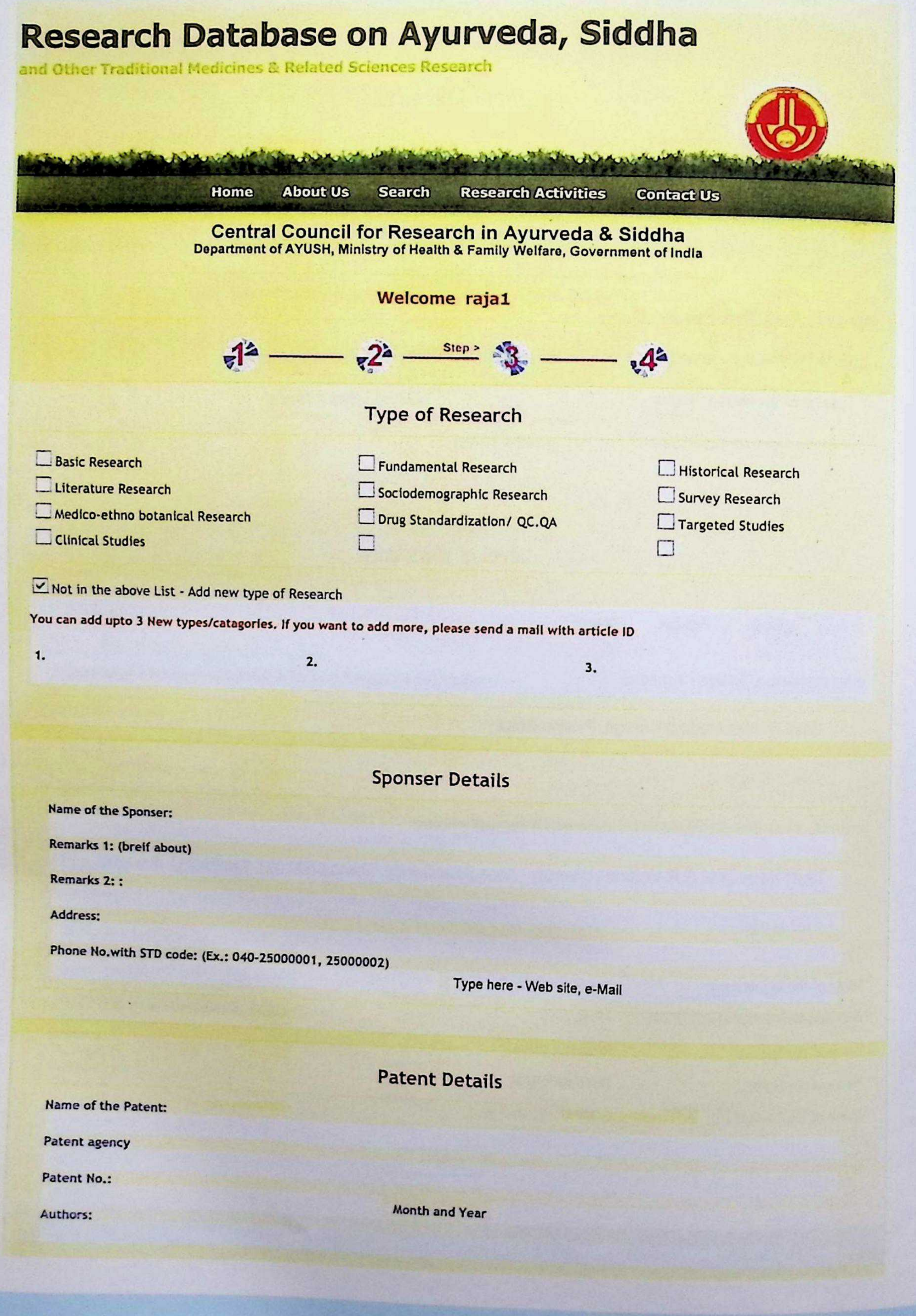

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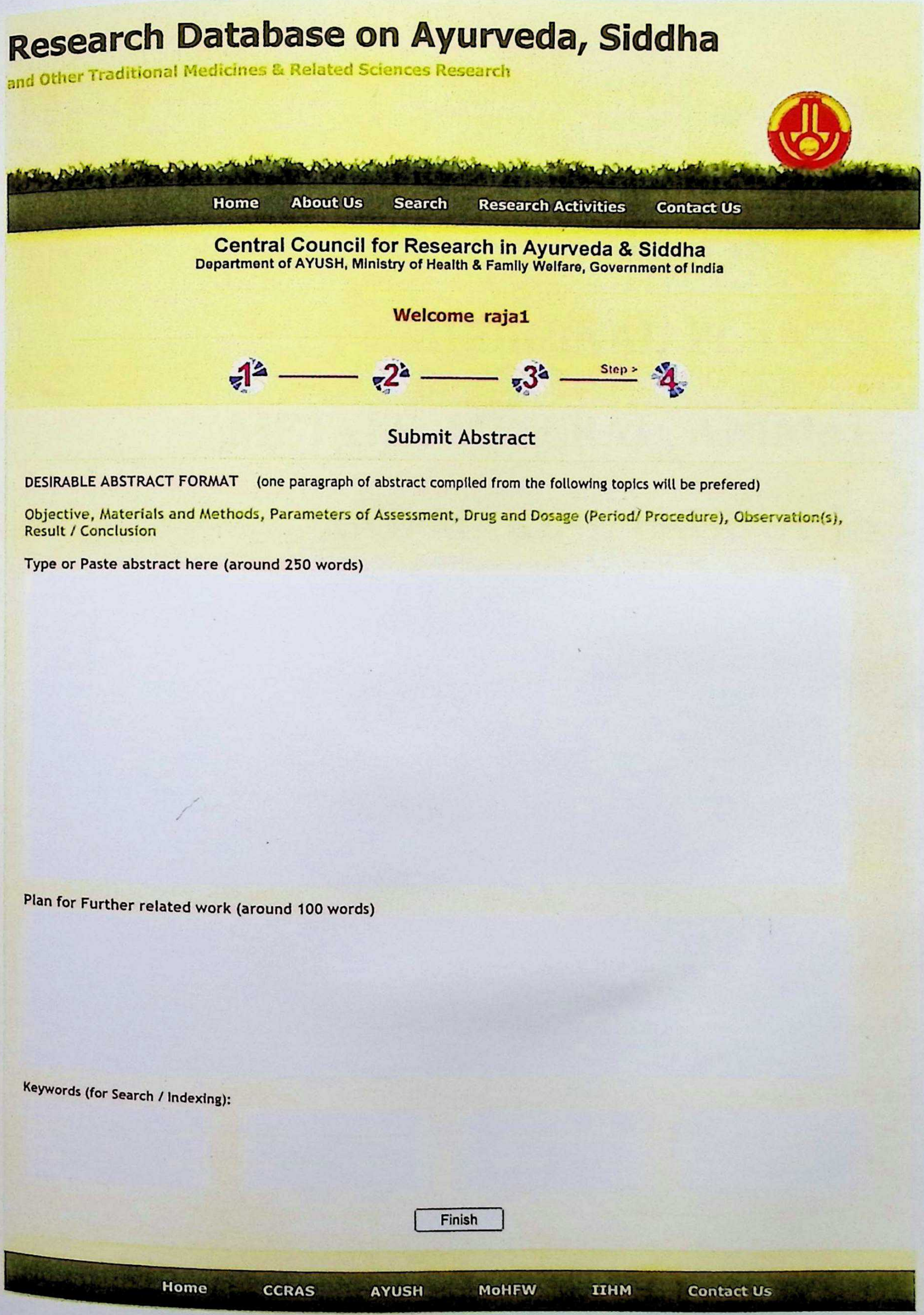
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Type or Paste abstract here (around 250 words)

Plan for Further related work (around 100 words)

Keywords (for Search / Indexing):

Appendix - II

8.2. LIST OF MEDICINAL PLANTS, METALS, MINERAL, ANIMAL AND MARINE PRODUCTS

8.2. LIST OF MEDICINAL PLANTS, METALS, MINERAL, ANIMAL AND MARINE PRODUCTS

S.No.	Name	Botanical Name	Volume	P.No.
1	Ajagandha (Sd .)	Cleome gynandra Linn	Vol-I	1
2	Ajamoda (Frt.)	Apium leptophyllum (Pers.) F.V.M.ex Benth	Vol-I	2
3	Amalaki (Fr. Frt. Pulp)	Emblica officinalis Gaertn.	Vol-I	4
4	Amalaki (Drd.Frt.)	Emblica officinalis Gaertn.	Vol-I	5
5	Aragavadha (Frt.Pulp)	Cassia fistula Linn	Vol-I	7
6	Arka (Rt.)	Calotropis procera (Ait.) R.Br.	Vol-I	8
7	Arka (Lf.)	Calotropis procera (Ait.) R.Br.	Vol-I	10
8	Asana (Ht.Wd.)	Pterocarpus marsupium Roxb.	Vol-I	12
9	Ashoka (St. Bk.)	Saraca asoca (Rosc) DC Willd	Vol-I	14
10	Asvagandha (Rt.)	Withania somnifera Dunal	Vol-I	15
11	Asvattha (Bk.)	Ficus religiosa Linn.	Vol-I	17
12	Atasi (Sd.)	Linum usitatissimum Linn	Vol-I	19
13	Atibala (Rt.)	Abutilon indicum (Linn) Sw	Vol-I	20
14	Ativisha (Rt.)	Aconutum heterophyllum Wall. Ex Royle	Vol-I	22
15	Babbula (St. Bk.)	Acacia nilotica (Linn) Willd. Ex . Del .Sp. Indica (Benth) Brenan	Vol-I	24
16	Bakuchi (Frt)	Psoralea corylifolia Linn	Vol-I	25
17	Bibhitaka (Frt.)	Terminalia belerica Roxb.	Vol-I	26
18	Bilva (Frt. Pulp)	Aegle marmelos Corr.	Vol-I	27
19	Chandrasua (Sd.)	Lepidium sativum Linn.	Vol-I	26
20	Chitraka (Rt.)	Plumbago zeylanica Linn	Vol-I	29
21	Dhanyaka (Frt.)	Coriandrum sativum Linn	Vol-I	30
22	Dhataki (Fl.)	Woodfordia fruiticosa (Linn) Kurz	Vol-I	32
23	Eranda (Rt.)	Ricinus communis Linn	Vol-I	34
24	Gambhari (Rt.Bk.)	Gmelina arbora Roxb	Vol-I	36
25	Gokshura (Rt.)	Tribulus terrestis Linn	Vol-I	38
26	Gokshura (Frt.)	Tribulus terrestis Linn	Vol-I	40
27	Guduchi (St)	Tinospora cordifolia (Willd.) Miers.	Vol-I	41
28	Guggulu (Exudate)	Commiphora wightii (Arn.) Bhand.	Vol-I	43
29	Gunja (Sd.)	Abrus precatorius Linn.	Vol-I	44
30	Haridra (Rz.)	Curcuma longa Linn.	Vol-I	45
31	Haritaki (Frt.)	Terminalia chebula Retz.	Vol-I	47
32	Hingu (Oleo-gum-Resin)	Ferula foetida Regel.	Vol-I	49
33	Jatamansi (Rz.)	Nardostachys jatamansi DC	Vol-I	51
34	Jatiphala (Sd.)	Myristica fragrans Houtt.	Vol-I	53
35	Kampilla (Frt.)	Mallotus philippinensis Muell-Arg.	Vol-I	55
36	Kanchanara (St.Bk.)	Bauhinia variegata Blume	Vol-I	56
37	Kankola (Frt.)	Piper cubeba Linn. f.	Vol-I	58
38	Kantakari (W.P.)	Solanum surattnse Burm.f.	Vol-I	59
39	Kanyasara (Lf.)	Aloe barbadensis Mill	Vol-I	62

8.2. LIST OF MEDICINAL PLANTS, METALS, MINERAL, ANIMAL AND MARINE PRODUCTS

40	Karanja (Sd.)	Pongamia pinnata (Linn.) Merr.	Vol-I	63
41	Karavira (Lf.)	Nerium indicum Mill	Vol-I	64
42	Karkatashringi (Gall.)	Pistacia chinensis Burgo	Vol-I	66
43	Karpasa (Sd.)	Gossypium herbaceum Linn.	Vol-I	67
44	Kaseru (Rz.)	Scirpus kysoor Roxb.	Vol-I	68
45	Ketaki (Rt.)	Pandanus tectorius soland. ex.Parkinson	Vol-I	69
46	Khadira (Ht.Wd.)	Acacia catechu (Linn.f.) Willd.	Vol-I	70
47	Kiratatikta (W.P)	Swertia chirata Buch.-Ham	Vol-I	71
48	Krishnajiraka (Frt.)	Carum carvi Linn	Vol-I	73
49	Kulattha (Sd.)	Vigna unquiculata (Linn.) Walp.	Vol-I	75
50	Kushta (Root)	Saussurea lappa CB. Clarke	Vol-I	76
51	Kutaja (St.Bk.)	Holarrhena antidysenterica (Roth) A.DC	Vol-I	78
52	Lavanga (F.Bud.)	Syzygium aromaticum (Linn.) Merr M.Perry.	Vol-I	80
53	Lodhra (St.Bk.)	Symplocos racemosa Roxb.	Vol-I	82
54	Madana (Frt.)	Xeromphis spinosa (Thunb) Keay	Vol-I	84
55	Mishreya (Frt.)	Foeniculum vulgare Mill	Vol-I	86
56	Nyagrodha (St.Bk.)	Ficus bengalensis Linn	Vol-I	88
57	Pashanabheda (Rz.)	Bergenia ciliata (Haw) Sternb.	Vol-I	90
58	Patha (Rt.)	Cissampelos pareira Linn	Vol-I	92
59	Puga (Sd.)	Areca catechu Linn.	Vol-I	94
60	Punarnava (Rakta) (W.P)	Boerhavia diffusa Linn	Vol-I	95
61	Saptaparna (St.Bk.)	Alstonia scholaris (Linn)R.Br.	Vol-I	97
62	Shati (Rz.)	Hedychium spicatum Ham . Ex.Smith	Vol-I	99
63	Snuhi (St.)	Euphorbia neriifolia Linn	Vol-I	100
64	Sukshmaila (Frt.)	Elettaria cardamo0mum (Linn.) R.Br.	Vol-I	101
65	Shunthi (Rz.)	Zingiber officinale Roxb.	Vol-I	103
66	Svarnapatri (Lf.)	Cassia angustifolia Vahl.	Vol-I	105
67	Svetajiraka (Frt.)	Cuminum cyminum Linn	Vol-I	106
68	Sveta Sariva (Rt.)	Hemidesmus indicus (Linn.) R.Br.	Vol-I	107
69	Tagara (Rz.)	Valeriana wallichii DC	Vol-I	109
70	Tamalaki (Rt. St.& Lf.)	Phyllanthus fraternus Webst.	Vol-I	111
71	Tvak (Bk.)	Cinnamimum zeylanicum Blume	Vol-I	113
72	Tvakpatra (Lf.)	Cinnamomum tamala (Buch-Ham)Nees & Eberm.	Vol-I	115
73	Udumbara (Bk)	Ficus racemosa Linn	Vol-I	117
74	Upakunchika (Sd.)	Nigella sativa Linn	Vol-I	119
75	Varuna (St.Bk.)	Carataeva nurvala Buch-Ham.	Vol-I	120
76	Vasa (Lf.)	Adhatoda vaica Nees	Vol-I	122
77	Vidanga (Frt.)	Embelia ribes Burm.f.	Vol-I	123
78	Vijaya (Lf.)	Cannabis sativa Linn	Vol-I	125
79	Yashti (Stm& RT.)	Glycyrrhiza glabra Linn	Vol-I	127
80	Yavani (Frt.)	Trachyspermum ammi (Linn.) Sprague ex Turril.	Vol-I	129

8.2. LIST OF MEDICINAL PLANTS, METALS, MINERAL, ANIMAL AND MARINE PRODUCTS

S.No	Name	Botanical Name	Volume	P.No.
1	Akarakarabha (Rt.)	Anacyclus pyrethrum DC	Vol-II	1
2	Akshoda (Cotldn.)	Juglans regia Linn	Vol-II	3
3	Amrata (St.Bk.)	Spondias pinnata Linn.f.Kurz.	Vol-II	5
4	Apamarga (W.P.)	Achyranthes aspera Linn.	Vol-II	7
5	Aparajita (Rt.)	Clitoria ternatea Linn	Vol-II	10
6	Ardraka (Rz.)	Zingiber officinale Rosc	Vol-II	12
7	Arimeda (St.Bk.)	Acacia leucophloea Willd.	Vol-II	15
8	Arjuna (St.Bk.)	Terminalia arjuna W& A.	Vol-II	17
9	Bhallataka (Fr.)	Semecarpus anacardium Linn	Vol-II	19
10	Bhringaraja (W.P.)	Eclipta alba Hassk	Vol-II	21
11	Brahmi (W.P.)	Bacopa monnieri (Linn.) Wettst.	Vol-II	25
12	Brihati (Rt.)	Solanum indicum Linn	Vol-II	27
13	Chavya (St.)	Piper retrofractum Vahl.	Vol-II	29
14	Dadima (Sd.)	Punica granatum Linn	Vol-II	31
15	Daruharidra (St.)	Berberis aristata DC	Vol-II	33
16	Dronapushpi (W.P.)	Leucas cephalotes Spreng.	Vol-II	35
17	Ervaru (Sd.)	Cucumis melo var utlissimus Duthie & Fuller	Vol-II	38
18	Gajapippali (Fr.)	Scindapsus officinalis Schooott	Vol-II	40
19	Gambhari (Fr.)	Gmelina arborea Roxb	Vol-II	42
20	Gangeru (St.Bk.)	Grewia tenax (Forsk.) Aschers & Schwf.	Vol-II	44
21	Gunja (Rt.)	Abrus precatorius Linn	Vol-II	46
22	Ikshu (St.)	Saccharum officnarum Linn	Vol-II	48
23	Indravaruni (Rt.)	Citrullus colocynthus Schrad	Vol-II	50
24	Indravaruni (Lf .)	Citrullus colocynthus Schrad	Vol-II	52
25	Jambu (Sd.)	Syzygium cuminii (Linn) Skeels	Vol-II	54
26	Jambu (St.Bk.)	Syzygium cuminii (Linn) Skeels	Vol-II	56
27	Jayapala (Sd.)	Croton tiglium Linn	Vol-II	58
28	Jayanti (Lf.)	Sesbania sesban (Linn) Merr	Vol-II	60
29	Jyotishmati (Sd.)	Celastrus paniculatus Willd.	Vol-II	62
30	Kadamba (St.Bk.)	Anthocephalus cadamba Miz	Vol-II	64
31	Kakamachi (W.P.)	Solanum nigrum Linn	Vol-II	66
32	Kamala (Fl.)	Nelumbo nucifera Gaertn	Vol-II	69
33	Kapittha (Fr. Pulp.)	Feronia linonia (Linn.) Swingle	Vol-II	71
34	Karamarda (St.Bk.)	Carissa carandas Linn	Vol-II	73
35	Karanja (Rt. Bk.)	Pongamia pinnata (Linn) Merr.	Vol-II	75
36	Karanja (Rt.)	Pongamia pinnata (Linn) Merr.	Vol-II	77
37	Karanja (St.Bk.)	Pongamia pinnata (Linn) Merr.	Vol-II	79
38	Karanja (Lf.)	Pongamia pinnata (Linn) Merr.	Vol-II	81
39	Karavallaka (Fresh.Fr.)	Momordica charantia Linn	Vol-II	83
40	Katuka (Rz.)	Picrorhiza kurroa Royle ex Benth.	Vol-II	85

8.2. LIST OF MEDICINAL PLANTS, METALS, MINERAL, ANIMAL AND MARINE PRODUCTS

41	Kokilaksha (W.P.)	Asteracantha longifolia Nees	Vol-II	88
42	Kokilaksha (Rt.)	Asteracantha longifolia Nees	Vol-II	91
43	Kokilaksha (Sd.)	Asteracantha longifolia Nees	Vol-II	93
44	Kuzuppa (W.P)	Portulaca oleracea Linn.	Vol-II	95
45	Lajjalu (W.P)	Mimosa pudica Linn	Vol-II	98
46	Madhuka (Fl.)	Madhuca indica J.F.Gmel	Vol-II	102
47	Matshyakshi (W.P.)	Alternanthera sessilis (Lilnn.) R.Br	Vol-II	104
48	Methi (Sd.)	Trigonella foenum –graecum Linn	Vol-II	107
49	Mulaka (W.P.)	Raphanus sativus Linn	Vol-II	109
50	Mulaka (Rt.)	Raphanus sativus Linn	Vol-II	113
51	Mura (Rt.)	Selinum candollei DC	Vol-II	114
52	Murva (Rt.)	Marsdenia tenacissima Wight & ARn	Vol-II	116
53	Nagakesar (Stmn.)	Mesua ferrea Linn	Vol-II	118
54	Nili (Lf.)	Indigofera tinctoria Linn	Vol-II	120
55	Nili (Rt.)	Indigofera tinctoria Linn	Vol-II	122
56	Nimba (Lf.)	Azadirachta indica A. Juss	Vol-II	124
57	Nimba (St.Bk)	Azadirachta indica A. Juss	Vol-II	126
58	Palasha (St.Bk)	Butea monosperma (Lam) Kuntze	Vol-II	128
59	Paribhadra (St.Bk)	Erythrina indica Lam	Vol-II	135
60	Pippali mula (Stm.)	Piper longum Linn	Vol-II	133
61	Plaksha (St.Bk)	Ficus lacor Buch. Ham	Vol-II	137
62	Prasarini (W.P.)	Paedaria foetida Linn	Vol-II	137
63	Priyala (Sd.)	Buchnania lanzan Spreng.	Vol-II	143
64	Priyangu (Infl.)	Calicarpa macrophylla Vahl	Vol-II	143
65	Sali (Rt.)	Oryza sativa Linn	Vol-II	145
66	Sankhapushpi (W.P.)	Convolvulvus pluricaulis Choisy	Vol-II	147
67	Saptala (W.P.)	Euphorbia dracunculoides Lam	Vol-II	150
68	Satahva (Fr.)	Anethum sowa Roxb.ex Flem .	Vol-II	153
69	Sigru (Lf.)	Moringa oleifera Lam	Vol-II	155
70	Sthulaela (Sd.)	Amomum subulatum Roxb	Vol-II	158
71	Tejovati (St.Bk.)	Zanthoxylum armatum DC	Vol-II	160
72	Tulasi (W.P.)	Ocimum sanctum Linn	Vol-II	162
73	Tulasi (Lf.)	Ocimum sanctum Linn	Vol-II	165
74	Vacha (Rz.)	Acorus calamus Linn	Vol-II	168
75	Vatsanabha (Rt.)	Aconitum chasmanthum Staph Ex Holmes	Vol-II	171
76	Vidari (Tub.Rt.)	Puraria tuberose DC	Vol-II	173
77	Yava (Fr.)	Hordeum vulgare Linn	Vol-II	175
78	Yavasaka (W.P.)	Alhaghi pseudalhagi (Bieb.) Desv	Vol-II	177

8.2. LIST OF MEDICINAL PLANTS, METALS, MINERAL, ANIMAL AND MARINE PRODUCTS

Sl.No	Name	Botanical Name	Volume	P. No.
1	Adhaki (Rt.)	Cajanus cajan (Linnn) Millsp.	Vol - III	1
2	Agnimantha (Rt.)	Clerodendrum phlomidis Linn	Vol - III	3
3	Ambasthaki (Rt.)	Hibiscus sabdariffa Linn	Vol - III	5
4	Amra (Sd.)	Mangifera indica Linn.	Vol - III	7
5	Amra (St.Bk.)	Mangifera indica Linn.	Vol - III	9
6	Amrata (St)	Spondias pinnata (Linn.f.) Kurz .	Vol - III	11
7	Apamarga (Rt)	Achyranthus aspera Roxb.	Vol - III	13
8	Aralu (St.Bk)	Ailanthus excelsa (Roxb).	Vol - III	15
9	Arka (St.Bk)	Calotropis procera (Ait.) R.Br.	Vol - III	17
10	Asana (St.Bk)	Pterocarpus marsupium Roxb.	Vol - III	19
11	Asthisamharaka (St.)	Cissus quadrangularis Linn.	Vol - III	21
12	Atmagupta (Sd.)	Mucuna prurita Hook.	Vol - III	23
13	Bharangi (Rt.)	Clerodedron serratum Linn.	Vol - III	25
14	Bijapura (Fr. Frt.)	Citrus medica Linn.	Vol - III	27
15	Bilva (Rt.)	Aegle marmelos Corr.	Vol - III	29
16	Bimbi (W.P)	Coccinia indica W& A.	Vol - III	32
17	Changeri (W.P.)	Oxalis corniculata Linn.	Vol - III	36
18	Chirabilva (Frt.)	Holoptelea integrifolia Planch.	Vol - III	39
19	Danti (Rt.)	Baliospermum montanum Muell – Arg.	Vol - III	41
20	Dhattura (Sd.)	Datura metel Linn.	Vol - III	43
21	Draksha (Frt.)	Vitis vinifera Linn.	Vol - III	45
22	Durva (Rt.)	Cynodon dactylon (Linn) Pers.	Vol - III	47
23	Eranda (Fr.Lf.)	Ricinus communis Linn.	Vol - III	49
24	Eranda (Fr.)	Ricinus communis Linn.	Vol - III	51
25	Gambhari (St.)	Gmelina arborea Roxb.	Vol - III	53
26	Gojihva (Aerial Part)	Onosma bracteatum Wall.	Vol - III	55
27	Granthiparni (Rt.)	Leonotis nepetaefolia R.Br.	Vol - III	58
28	Hamsapadi (W.P.)	Adiantum lunulatum Burm.	Vol - III	60
29	Hapusha (Frt.)	Juniperus communis Linn.	Vol - III	63
30	Indravaruni (Frt.)	Citrullus colocynthis Schrad.	Vol - III	65
31	Indrayava (Sd.)	Holorrhena antidysenterica Wall.	Vol - III	67
32	Isvari (Rt.)	Aristolochia indica Linn.	Vol - III	69
33	Jati (Lf.)	Jasminum officinale Linn.	Vol - III	71
34	Kadali (Rz.)	Musa paradisica Linn.	Vol - III	73
35	Kakajangha (Rt.)	Perstrophe bicalyculata Linn.	Vol - III	75
36	Kakanasika (Sd.)	Martynia annua Linn.	Vol - III	77
37	Kakoli (Tub.Rt.)	Lilium polyphyllum D.Don.	Vol - III	79
38	Kamala (Rz.)	Nelumbo nucifera Gaertn.	Vol - III	81
39	Karavira (Rt.)	Nerium indicum Mill.	Vol - III	84
40	Karamarda (Rt.)	Carissa carandas Linn.	Vol - III	86

41	Kasa (Rt. Stock)	Saccharaum spontaneum Linn.	Vol - III	88
42	Katphala (Frt.)	Myrica esculenta Buch-Ham. Ex. D.Don.	Vol - III	90
43	Katphala (St.Bk.)	Myrica esculenta Buch-Ham. Ex. D.Don	Vol - III	92
44	Kola (Frt. Pulp)	Zyzyphus jujuba Lam.	Vol - III	94
45	Kola (St.Bk.)	Zyzyphus jujuba Lam.	Vol - III	96
46	Koshataki (W.P.)	Luffa acutangula (Linn) Roxb.	Vol - III	98
47	Kumuda (Fl.)	Nymphaea alba Linn.	Vol - III	102
48	Kusha (Rt. Stock)	Desmostachya bippanata Staph.	Vol - III	104
49	Langali (Tub. Rt.)	Gloriosa superba Linn.	Vol - III	106
50	Lashuna (Bulb)	Allium sativum Linn.	Vol - III	108
51	Mahabala (Rt.)	Sida rhombifolia Linn.	Vol - III	110
52	Manjishta (St.)	Rubia cordifolia Linn.	Vol - III	112
53	Maricha (Frt.)	Piper nigrum Linn.	Vol - III	115
54	Mashaparni (W.P.)	Teramnus labialis Spreng.	Vol - III	118
55	Masura (Sd.)	Lens culinaris Medic.	Vol - III	121
56	Mudga (Sd.)	Phaseolus radiatus Linn.	Vol - III	123
57	Mulaka (Sd.)	Raphanus sativus Linn.	Vol - III	125
58	Munditika (Lf.)	Sphaeranthus indicus Linn.	Vol - III	127
59	Musta (Rz.)	Cyperus rotundus Linn.	Vol - III	129
60	Nagavalli (Lf.)	Piper betle Linn.	Vol - III	131
61	Narikela (Endos.)	Cocos nucifera Linn.	Vol - III	134
62	Nichula (Frt.)	Brringtonia acutangula (Linn.) Gaertn.	Vol - III	136
63	Nili (W.P.)	Indigofera tinctoria Linn.	Vol - III	138
64	Nirgundi (Lf.)	Vitex negundo Linn.	Vol - III	142
65	Padmaka (Ht.Wd.)	Prunus cerasoides D.Don.	Vol - III	145
66	Patala (Rt.)	Stereospermum suaveolens DC.	Vol - III	147
67	Phalgu (Frt.)	Ficus hispida Linn.	Vol - III	149
68	Phalgu (Rt.)	Ficus hispida Linn.	Vol - III	151
69	Prapunnada (Sd.)	Cassia tora Linna.	Vol - III	153
70	Raktachandana (Ht.Wd.)	Pterocarpus santalinus Linn.	Vol - III	155
71	Raktapunarnava (Rt.)	Boerhaavia diffusa Linn.	Vol - III	157
72	Ramashtalika (W.P.)	Amaranthus tricolor Linn.	Vol - III	159
73	Rasna (Lf.)	Pluchea lanceolata Oliver & Hiem.	Vol - III	162
74	Sachachara (W.P.)	Barlaria prionitis Linn.	Vol - III	165
75	Sahadevi (W.P.)	Vernonia cinerea Liees.	Vol - III	169
76	Shaileya (Lichen)	Parmelia perlata (Huds.) Ach.	Vol - III	172
77	Shaka (Ht.Wd.)	Tectona grandis Linn.F.	Vol - III	174
78	Shakhotaka (St.Bk.)	Streblus asper Lour.	Vol - III	176
79	Shalaparni (Rt.)	Desmodum gangeticum DC.	Vol - III	178
80	Shali (Frt.)	Oryza sativa Linn.	Vol - III	181
81	Shalmali (St.Bk.)	Bombax ceiba Linn.	Vol - III	183

82	Shana (Sd.)	Crotalaria juncea Linn.	Vol - III 185
83	Sara (Rt.)	Saccharuam bengalense Retz.	Vol - III 187
84	Sarala (Ht.Wd.)	Pinus roxburghii Sargent.	Vol - III 189
85	Sarala (Rt.)	Pinus roxburghii Sargent.	Vol - III 191
86	Sarshapa (Sd.)	Brassica campestris Linn.	Vol - III 193
87	Satapatrika (Fl.)	Rosa centifolia Linn.	Vol - III 195
88	Simpshapa (Ht.Wd.)	Dalbergia sissoo Roxb.	Vol - III 197
89	Simpshapa (St.Bk.)	Dalbergia sissoo Roxb.	Vol - III 199
90	Sirisha (St.Bk.)	Albizzia lebbeck Bent.	Vol - III 201
91	Sthauneya (Lf.)	Taxus baccata Linn.	Vol - III 203
92	Surana (Corm)	Amorphophallus campanulatus (Roxb.) Blume.	Vol - III 205
93	Svetachandana (Ht. Wd.)	Santalum album Linn.	Vol - III 207
94	Syonaka (Rt.)	Oroxylum indicum Vent.	Vol - III 209
95	Tala (Infl.)	Borassus flabellifer Linn.	Vol - III 211
96	Trivrit (Rt.)	Operculina turpethum (Linn.) Silva Manso.	Vol - III 213
97	Tumbini (Fr. Frt.)	Lagenaria siceraria (Mol.) Standl.	Vol - III 215
98	Udumbara (Frt.)	Ficus glomerata Roxb.	Vol - III 217
99	Ushira (Rt.)	Vetiveria zizaniodes (Linn.) Nash.	Vol - III 219
100	Utpala (Fl.)	Nymphaea stellata Willd.	Vol - III 221

8.2. LIST OF MEDICINAL PLANTS, METALS, MINERAL, ANIMAL AND MARINE PRODUCTS

Sl.No	Name	Botanical Name	Volume	P.No.
1	Adhaki (Sd.)	Cajanus cajan Linn	Vol-IV	1
2	Agaru (Ht.Wd.)	Aquilaria agallocha Roxb.	Vol-IV	4
3	Aklari (Endm.)	Lodoicea maldivica Pers	Vol-IV	6
4	Aparajita (Lf.)	Clitoria ternatea Linn	Vol-IV	8
5	Atmagupta (Rt.)	Mucuna prurita Hook.	Vol-IV	10
6	Bilva (St.Bk)	Aegle marmelos Corr	Vol-IV	10
7	Champaka (Fl.)	Michelia champaca Linn	Vol-IV	12
8	Chicha (Ft. Pl.)	Tamarindus indical Linn	Vol-IV	14
9	Dadima (Fr.Fruit.)	Punica granatum Linn	Vol-IV	16
10	Dadima (Ft. Rind.)	Punica granatum Linn	Vol-IV	18
11	Dadima (Lf.)	Punica granatum Linn	Vol-IV	19
12	Devadaru (Ht.Wd.)	Cedrus deodara (Roxb.) Loud	Vol-IV	23
13	Dhattura (W.P.)	Datura metal Linn	Vol-IV	25
14	Durva (W.P.)	Cynodon dactylon (Linn)	Vol-IV	28
15	Gambhari (St.Bk.)	Gmelina arborea Linn	Vol-IV	31
16	Ikshu (Rt. Stock.)	Saccharum officinarum Linn	Vol-IV	33
17	Kadali (Fl.)	Musa paradisiacal Linn	Vol-IV	35
18	Karchura (Rz.)	Curcuma zedoaria Rosc	Vol-IV	37
19	Kasturilatika (Sd.)	Hibiscus abelmoschus Linn	Vol-IV	39
20	Kataka (Sd.)	Strychnos potatorum Linn.f	Vol-IV	41
21	Kharjura (Drd. Ft.)	Phoenix dactylifera	Vol-IV	43
22	Kharjura (Fr. Ft)	Phoenix dactylifera	Vol-IV	45
23	Krishna Sariva (Rt.)	Cryptolepis buchanani Roem & Schult	Vol-IV	47
24	Kunduru (Exud.)	Boswellia serrata Roxb	Vol-IV	50
25	Kumkuma (Sty & Stg.)	Crocus sativus Linn	Vol-IV	52
26	Kushmanda (Ft.)	Benincasa hispida (Thunb)Cogn.	Vol-IV	55
27	Madayanti (Lf.)	Lawsonia inermis Linn	Vol-IV	57
28	Mahanimba (St.Bk.)	Melia azedarach Linn	Vol-IV	59
29	Mandukaparni (W.P.)	Centella asiatica (Linn.) Urban.	Vol-IV	61
30	Mayakku (Gall.)	Quercus infectoria Oliv.	Vol-IV	64
31	Mudgaparni (W.P.)	Vigna trilobata (Linn) Verdc.	Vol-IV	67
32	Munditika (W.P.)	Sphaeranthus indicus Linn	Vol-IV	70
33	Nyagrodha Jata (Ar.Rt.)	Ficus bengalensis Linn	Vol-IV	73
34	Nimbu (Fr.Ft.)	Citrus limon (Lilnn) Burm .f	Vol-IV	75
35	Nirgundi (Rt.)	Vitex negundo Linn	Vol-IV	76
36	Palasa (Fl.)	Butea monosperma (Lam) Kuntze	Vol-IV	78
37	Palasa (Gum.)	Butea monosperma (Lam) Kuntze	Vol-IV	80
38	Palasa (Sd.)	Butea monosperma (Lam) Kuntze	Vol-IV	82
39	Parpata (W.P.)	Fumaria parviflora Lam	Vol-IV	84
40	Patalai (St.Bk.)	Stereospermum chelonoides (L.F) DC	Vol-IV	87

41	Pattanga (Ht.Wd.)	Caesalpina sappan Linn	Vol-IV	89
42	Pippali (Ft.)	Piper Longum Linn	Vol-IV	91
43	Plaksha (Ft.)	Ficus lacor Buch- ham	Vol-IV	93
44	Priyala (St.Bk.)	Buchnania lanzan Spreng	Vol-IV	95
45	Priyangu (Fruit.)	Callicarpa macrophylla Vahl.	Vol-IV	97
46	Prishniparni (W.P.)	Uraria picta Desv.	Vol-IV	99
47	Pushkara (Rt.)	Inula racemosa Hook.f	Vol-IV	102
48	Rudraksha (Sd.)	Elaeocarpus sphaericus Gaertn. K.Schum	Vol-IV	104
49	Saraja (Exud.)	Vateria indica Linn	Vol-IV	106
50	Satavari (Rt.)	Asparagus racemosus Willd	Vol-IV	108
51	Shigrù (Rt.Bk.)	Moringa oleifera Lam	Vol-IV	110
52	Shigru (Seed.)	Moringa oleifera Lam	Vol-IV	112
53	Shigru (St.Bk.)	Moringa oleifera Lam	Vol-IV	114
54	Sringataka (Drd.Sd.)	Trapa natans Linn	Vol-IV	116
55	Sruvavriksha (Lf.)	Flacourtia indica Merr.	Vol-IV	120
56	Sruvavriksha (St.Bk.)	Flacourtia indica Merr.	Vol-IV	122
57	Talamuli (Rz.)	Curculigo orchioides Gaertn	Vol-IV	124
58	Talisa (Drd.Lf.)	Abies webbiana Lindl	Vol-IV	126
59	Tila (Sd.)	Sesamum indicum linn	Vol-IV	128
60	Tulasi (Sd.)	Ocimum sanctum Linn	Vol-IV	128
61	Tumburu (Ft.)	Zanthoxylum armatum DC	Vol-IV	130
62	Utingana (Sd.)	Blepharis persica (Burm.f) O.Kuntze	Vol-IV	132
63	Varahi (Rz.)	Dioscorea bulbifera Linn	Vol-IV	134
64	Varshabhu (Rt.)	Trianthema portulacastrum Linn	Vol-IV	136
65	Vasa (Rt.)	Adhatoda zeylanica Medic	Vol-IV	138
66	Vishamushti (Sd)	Strychnus nuxvomica Linn	Vol-IV	140
67	Vrischikalli (W.P.)	Tragia involucrata Linn	Vol-IV	143
68	Yava (W.P.)	Hordeum vulgare Linn	Vol-IV	146

8.2. LIST OF MEDICINAL PLANTS, METALS, MINERAL, ANIMAL AND MARINE PRODUCTS

Sl.No	Name	Botanical Name	Volume	P.No.
1	Amra Haridra (Rz)	Curcuma amada Roxb.	Vol-V	1
2	Anishuna (Fr)	Pimpinella anisum Linn	Vol-V	3
3	Ankola (Lf)	Alangium salviifolium (Linn.f.) Wang	Vol-V	5
4	Aragvadha (St.Bk)	Cassia fistula Linn	Vol-V	8
5	Asphota (Rt)	Vallaris Solanacea Kuntze	Vol-V	10
6	Bastantri (Rt.)	Argyreia nervosa (Burm.f.)Boj.	Vol-V	12
7	Bhurja (St.Bk)	Betula utilis D.Don	Vol-V	14
8	Canda (Rt)	Angelica Archangelica Linn.	Vol-V	16
9	Coraka (Rt & Rt.Stock)	Angelica glauca Edgw.	Vol-V	18
10	Darbha (Rt)	Imperata cylindrica (Linn) Beauv.	Vol-V	21
11	Dhanvayasa (Wh/Pl)	Fagonia cretica Linn.	Vol-V	23
12	Dravanti (Sd)	Jatropha glandulifera Roxb.	Vol-V	26
13	Dugdhika (Wh.Pl)	Euphorbia prostrata W.Ait	Vol-V	28
14	Elavalukam (Sd)	Prunus avium Linn.f.	Vol-V	31
15	Gandira (Rt)	Coleus forskohlii Briq.	Vol-V	33
16	Gavedhuka (Rt)	Coix lachryma-jobi LInn	Vol-V	35
17	Ghonta (Fr)	Ziziphus xylopyrus Willd.	Vol-V	37
18	Gundra (Rz.&Rt)	Typha australis Schum. and Thonn.	Vol-V	39
19	Himsra (Rt)	Capparis spinosa Linn.	Vol-V	41
20	Hingupatri (Lf)	Ferula jaeschkeana Vatke	Vol-V	43
21	Itkata (Rt)	Sesbania bispinosa W.F.Wight	Vol-V	45
22	Itkata (St)	Sesbania bispinosa W.F.Wight	Vol-V	47
23	Jalapippali (Wh.Pl)	Phyla nodiflora Greene	Vol-V	49
24	Jivaka (Pseudo –bulb)	Malaxis acuminata D.Don	Vol-V	52
25	Kadara (Ht.Wd)	Acacia suma (Buch-Ham)	Vol-V	54
26	Kakajangha (Sd)	Peristrophe bicalyculata (Retz)Nees	Vol-V	56
27	Kakanaja (Fr)	Physalis alkekengi Linn	Vol-V	58
28	Kaliyaka (Rt &St)	Coscinium fenestratum (Gaertn.) Colebr	Vol-V	60
29	Kapitana (St.Bk)	Thespesia populinea(L.) Soland .ex Correa	Vol-V	63
30	Karkasa (Rt.)	Momordica dioica Roxb.ex.Willd	Vol-V	65
31	Karnasphota (Sd)	Cardiospermum halicacabum Linn	Vol-V	67
32	Karnasphota (Rt)	Cardiospermum halicacabum Linn	Vol-V	69
33	Kattrina (Wh.Pl)	Cymbopogon citrates (DC) Stapf	Vol-V	71
34	Kebuka (Rz.)	Costus speciousus (Koerning ex Retz)	Vol-V	74
35	Khakhasa (Sd.)	Papaver somniferum Linn	Vol-V	76
36	Khatmi (Rt)	Althea officinalis Linn	Vol-V	78
37	Khatmi (Seed)	Althea officinalis Linn	Vol-V	80
38	Khubkalan (Sd)	Sisymbrium irio Linn	Vol-V	82
39	Kodrava (Grain)	Paspalum scrobiculatum Linn	Vol-V	84
40	Kshirakakoli (Bulb)	Fritillaria royelei Hook	Vol-V	86

41	Kshiravidari (Bulb)	Ipomoea digitata Linn.	Vol-V	88
42	Kulanjan (Rz)	Alpinia galanga Willd.	Vol-V	90
43	Kumbhika (Sd)	Careya arborea Roxb	Vol-V	93
44	Latakarnja (Sd)	Caesalpinia bonduc (Linn) Roxb.	Vol-V	95
45	Lavaliphala (Fr)	Phyllanthus acidus (Lin.)Sklees	Vol-V	98
46	Madhulika (Rt)	Eleusine corocana (L.) Gaertn.	Vol-V	100
47	Mahameda (Rz & Rt.)	Polygonatum cirrhifolium Royle	Vol-V	102
48	Madhusnuhi (Tub.Rt)	Smilax china Linn	Vol-V	104
49	Medasaka (St.Bk.)	Listea chinensis Lam	Vol-V	106
50	Medasaka (Wd)	Listea chinensis Lam	Vol-V	108
51	Meshashringi (Lf)	Gymnema sylvestre R.Br	Vol-V	110
52	Meshashringi (LRt)	Gymnema sylvestre R.Br	Vol-V	113
53	Nandi (Rt)	Ficus arnottiana Miz.	Vol-V	115
54	Nilajhinti (Rt)	Barleria strigosa Willd	Vol-V	117
55	Nimba (Rt.Bk)	Azadirachta indica A.Juss	Vol-V	119
56	Nimba (Fl)	Azadirachta indica A.Juss	Vol-V	121
57	Nimba (Fr)	Azadirachta indica A.Juss	Vol-V	123
58	Palasha (Sd)	Butea monosperma (Lam.)Kuntze	Vol-V	125
59	Palasha (Fl)	Butea monosperma (Lam.)Kuntze	Vol-V	127
60	Parasika yavani (Sd)	Hyoscyamus niger Linn	Vol-V	130
61	Pattura (Wh.Pl)	Aerva lanata (Linn.)Juss	Vol-V	132
62	Pilu (Fr)	Salvadora persica Linn	Vol-V	135
63	Pilu (Lf)	Salvadora persica Linn	Vol-V	137
64	Pilu (Rt.Bk)	Salvadora persica Linn	Vol-V	140
65	Potagala (Rt)	Typha elephantina Roxb.	Vol-V	142
66	Pudina (Aerialpart)	Mentha viridis Linn	Vol-V	144
67	Pullani (Lf)	Calycopteris floribunda Lam.	Vol-V	146
68	Pullani (Rt)	Calycopteris floribunda Lam.	Vol-V	148
69	Pullani (St)	Calycopteris floribunda Lam.	Vol-V	150
70	Putikaranja (St.Bk)	Caesalpinia crista Linn	Vol-V	152
71	Renuka (Fr)	Vitex negundo Linn	Vol-V	154
72	Riddhi (Tuber)	Habenaria intermidia D.Don	Vol-V	157
73	Rohisha (Wh.Pl)	Cymbopogon martini (Roxb.) Wats.	Vol-V	159
74	Rumimastagi (Resin)	Pistacia lentiscus Linn	Vol-V	162
75	Sarala (Exudate)	Pinus roxburghii Sagrent	Vol-V	164
76	Sarpagandha (Rt)	Rauwlolfia serpentina (Linn) Benth.ex.Kurz	Vol-V	166
77	Svetapunarnava (Rt)	Borhaavia verticillata Poir	Vol-V	168
78	Tailaparna (Lf)	Eucalyptus globules Labill	Vol-V	170
79	Tinisha (Wd)	Ougenia oojeinensis (Roxb)Hochr	Vol-V	172
80	Tintidika (Aerial Part)	Rhus parviflora Roxb	Vol-V	174
81	Trapusha (Sd)	Cucumis sativus Linn.	Vol-V	177

82	Tuni (St.Bk)	Cedrela toona Roxb.	Vol-V	179
83	Vanda (Lf)	Dendrophthoe falcata (Linn.f.) Ettingsh.	Vol-V	181
84	Vanda (St)	Dendrophthoe falcata (Linn.f.) Ettingsh.	Vol-V	183
85	Vanda (Aerial Rt.)	Dendrophthoe falcata (Linn.f.) Ettingsh.	Vol-V	185
86	Vanda (Fl)	Dendrophthoe falcata (Linn.f.) Ettingsh.	Vol-V	187
87	Vanda (Fr.)	Dendrophthoe falcata (Linn.f.) Ettingsh.	Vol-V	189
88	Vanyajiraka (Fr)	Centratherum anthelminticum (L.) Kuntze	Vol-V	191
89	Vidarikanda (Tuber)	Pueraria tuberosa DC	Vol-V	193
90	Virala (St.Bk)	Diospyros exsculpta Buch-Ham	Vol-V	195
91	Vishala (Rt)	Trichosanthes bracteata (Lam) Voigt	Vol-V	197
92	Vyaghranakha (Fr)	Capparis horrida Linn	Vol-V	199

Sl.No	**Name**	**Botanical Name**	**Volume**	**P.No.**
1	Aadaari (Lf)	Acacia pennata (L.) Willd. Syn. Mimosa pennata L.	Vol-VI	1
2	Aamraganghi Guggulu (Lf)	Balsamodendron caudata Mauch.	Vol-VI	3
3	Aranya-Surana (Tuber)	Synantherias sylvatica Schott Gen. Aocja	Vol-VI	5
4	Aaraarota (Rz)	Maranta arundinacea L.	Vol-VI	7
5	Asthisrankhala (Aerial Part)	Cissus quadrangularis L.	Vol-VI	9
6	Bhutakeshi (Fruit)	Selinum vaginatum C.B. Clarke	Vol-VI	12
7	Bhutakeshi (Rz)	Selinum vaginatum C.B. Clarke	Vol-VI	14
8	Bijapatra (Whole Plant)	Adiantum capillus-veneris L.	Vol-VI	16
9	Bimbi (Lf)	Coccinia grandis (L.) Voigt	Vol-VI	19
10	Bimbi (Stem)	Coccinia grandis (L.) Voigt	Vol-VI	21
11	Bruhat Dugdhika (Whole Plant)	Euphorbia hirta L.	Vol-VI	23
12	Bruhati (Whole Plant)	Solanum anguivi Lam.	Vol-VI	26
13	Canaka (Whole Plant)	Cicer arietinum L.	Vol-VI	29
14	Daruharidra (Fr)	Berberis aristata DC.	Vol-VI	32
15	Dhava (Fr)	Anogeissus latifolia Wall.	Vol-VI	34
16	Dhava (Stem Bark)	Anogeissus latifolia Wall.	Vol-VI	36
17	Dvipantara Damanaka (Whole Plant)	Artemisia absinthium L.	Vol-VI	38
18	Dvipantara Shatavari (Root)	Asparagus officinalis L.	Vol-VI	41
19	Elavalukam (Root)	Prunus avium L.	Vol-VI	43
20	Elavalukam (Stem Bark)	Prunus avium L.	Vol-VI	45
21	Erandakarkati (Fr)	Carica papaya L.	Vol-VI	47
22	Erandakarkati (Root)	Carica papaya L.	Vol-VI	49

23	Gandhashipha (Whole Plant)	Pavonia odorata Willd.	Vol-VI	51
24	Grishmachatraka (Whole Plant)	Mollugo cerviana Seringe	Vol-VI	54
25	Gokshura (Whole Plant)	Tribulus terrestris L.	Vol-VI	56
26	Granthimula (Rz)	Alpinia calcarata Rosc.	Vol-VI	59
27	Guladaudi (Lf)	Chrysanthemum indicum L.	Vol-VI	61
28	Haritamanjari (Whole Plant)	Acalypha indica L.	Vol-VI	63
29	Hastishundi (Aerial Part)	Heliotropium indicum L	Vol-VI	66
30	Indivara (Rz)	Monochoria vaginalis Presl.	Vol-VI	68
31	Jalakumbhi (Whole Plant)	Pistia stratiotes L.	Vol-VI	70
32	Jivanti (Root)	Leptadenia reticulata W. & A.	Vol-VI	73
33	Kantakigulma (Aerial Part)	Lycium barbarum L.	Vol-VI	75
34	Karaphsa (Root)	Apium graveolens L.	Vol-VI	78
35	Katugulma (Whole Plant)	Toddalia asiatica (L.) Lam.	Vol-VI	80
36	Kesharaja (Whole Plant)	Wedelia chinensis Merril	Vol-VI	83
37	Ketaki (Stilt Root)	Pandanus odoratissimus Roxb.	Vol-VI	86
38	Kitamari (Lf)	Aristolochia bracteolata Lam.	Vol-VI	88
39	Kumarivetra (Rz)	Calamus thwaitesii Becc.	Vol-VI	90
40	Kusumbha (Fr)	Carthamus tinctorius L.	Vol-VI	92
41	Kusumbha (Lf)	Carthamus tinctorius L.	Vol-VI	94
42	Kusumbha (Flower Head)	Carthamus tinctorius L.	Vol-VI	96
43	Laghu Haritamanjari (Root)	Acalypha fruticosa Forsk.	Vol-VI	99
44	Laghupatra Varshabhu (Whole Plant)	Trianthema decandra L.	Vol-VI	101
45	Lohitaniryasa (Exudate)	Dracaena cinnabari Balf. f.	Vol-VI	104
46	Madhavi (Flower)	Hiptage benghalensis L.	Vol-VI	106
47	Matsyapatrika (Whole Plant)	Merremia tridentata (L.) Hall. f.	Vol-VI	108
48	Meda (Rz)	Polygonatum cirrhifolium Royle	Vol-VI	111
49	Nadihingu (Exudate)	Gardenia gummifera L. f.	Vol-VI	113
50	Nahi (Whole Plant)	Enicostemma axillare (Lam.) A. Raynal.	Vol-VI	115
51	Nikocaka (Kernel)	Pinus gerardiana Wall.	Vol-VI	118
52	Panasa (Root Bark)	Artocarpus heterophyllus Lamk.	Vol-VI	120
53	Papatah (Root)	Pavetta indica var. tomentosa Hook.	Vol-VI	122
54	Parnayavani (Lf)	Coleus amboinicus Lour.	Vol-VI	124
55	Patrasnuhi (Latex)	Euphorbia nivulia Buch.-Ham.	Vol-VI	127
56	Pindatagara (Rz)	Asarum europaeum L.	Vol-VI	129

57	Pita-Kancanara (Bud)	Bauhinia racemosa Lamk.	Vol-VI	131
58	Rakta Citraka (Root)	Plumbago indica L.	Vol-VI	133
59	Rohitaka (Stem Bark)	Tecomella undulata (Sm.) Seem.	Vol-VI	135
60	Shala (Heart Wood)	Shorea robusta Gaertn.	Vol-VI	137
61	Shalaparni (Whole Plant)	Desmodium gangeticum DC.	Vol-VI	139
62	Shami (Lf)	Prosopis cineraria Druce	Vol-VI	142
63	Saurabhanimba (Lf)	Murraya koenigii (L.) Spreng	Vol-VI	145
64	Shitivaraka (Seed)	Celosia argentea L.	Vol-VI	148
65	Shiva-Nili (Root And Stem)	Indigofera aspalathoides Vahl ex DC.	Vol-VI	150
66	Shleshmataka (Fr)	Cordia dichotoma Forst. f.	Vol-VI	152
67	Shleshmataka (Stem Bark)	Cordia dichotoma Forst. f.	Vol-VI	154
68	Shlipadarikanda (Tuber)	Typhonium trilobatum Schott.	Vol-VI	156
69	Sphitakitari (Rz)	Dryopteris filix- mas (L.) Schott.	Vol-VI	158
70	Sprukka (Whole Plant)	Anisomeles malabarica (L.) R. Br. ex Sims	Vol-VI	160
71	Sruvavruksha (Fr)	Flacourtia indica (Burm.f.) Merr	Vol-VI	163
72	Sthulaila (Fr)	Amomum subulatum Roxb.	Vol-VI	165
73	Shukanasa (Rz)	Corallocarpus epigaeus Benth.	Vol-VI	167
74	Shveta Vetasa (Lf)	Salix alba L.	Vol-VI	169
75	Takkola (Fr)	Illicium verum Hook. f.	Vol-VI	171
76	Tinduka (Fr)	Diospyros peregrina Gurke	Vol-VI	173
77	Trayamana (Rz)	Gentiana kurroo Royle	Vol-VI	175
78	Tripakshi (Whole Plant)	Coldenia procumbens L.	Vol-VI	177
79	Tuvaraka (Seed)	Hydnocarpus pentandra (Buch.-Ham.) Oken	Vol-VI	180
80	Ushandi (Whole Plant)	Glinus lotoides L.	Vol-VI	182
81	Vajranna (Lf Base)	Pennisetum typhoides (Burm.) Stapf & C.E. Hubb	Vol-VI	185
82	Valuka-Shaka (Lf)	Gisekia pharnaceoides L.	Vol-VI	187
83	Vanya-Ashvagola (Fresh Lf)	Plantago lanceolata L.	Vol-VI	189
84	Vetra (Rz)	Calamus rotang L	Vol-VI	191
85	Vishanika (W. P.)	Pergularia daemia (Forsk) Chiov.	Vol-VI	193
86	Vruntamlaphala (Fruit Rind)	Garcinia pedunculata Roxb.	Vol-VI	196
87	Vrushcikakanda (Rz)	Doronicum hookeri C. B. Clarke	Vol-VI	198
88	Darusita Taila (Cinnamomum Oil)	Cinnamomum zeylanicum Blume	Vol-VI	200
89	Gandhapura Patra Taila	Gaultheria fragrantissima Wall.	Vol-VI	202
90	Guda (Jaggery)	Saccharum officinarum L.	Vol-VI	206
91	Jala (Potable Water)	-	Vol-VI	208

92	Karpura (Natural Camphor)	Cinnamomum camphora (L.) Nees & Eberm.	Vol-VI	210
93	Lavanga Taila (Clove Oil)	Syzygium aromaticum Merril & Perry	Vol-VI	212
94	Peppermint- Satva (Menthol)	Mentha sp.	Vol-VI	216
95	Sharkara (Sugar)	-	Vol-VI	218
96	Sarshapa Taila (Mustard Oil)	Brassica campestris L.	Vol-VI	220
97	Tailaparna Taila (Eucalyptus Oil)	Eucalyptus globulus Labill	Vol-VI	222
98	Tila Taila (Sesamum Oil)	Sesamum indicum L.	Vol-VI	224
99	Yavani Satva (Thymol)	Thymus vulgaris L. and Trachyspermum ammi (L.)	Vol-VI	226

8.2. LIST OF MEDICINAL PLANTS, METALS, MINERAL, ANIMAL AND MARINE PRODUCTS

S. No.	Sanskrit name	English equivalent
1.	Aja kshira	Milk of Goat
2.	Aja shringa	Horn of Goat
3.	Ajina	Tanned skin
4.	Ambara	Ambergris
5.	Avi or Basta	Sheep
6.	Bhunaga	Earth worms
7.	Bidala or marjara	Cat
8.	Chagamamsa	Flesh of Goat
9.	Chagapitta	Bile of Goat
10.	Daksha or Kukkuta	Cock
11.	Ena or Harina	Deer
12.	Gridhra	Vulture
13.	Gandhamarjara virya	Semen of civet cat
14.	Go shringa	Horn of cow
15.	Godadhi	Curd of Cow's milk
16.	Godha	Lizard
17.	Godugdha	Milk of Cow
18.	Goghruta	Ghee from Cow's milk
19.	Gomutra	Urine of cow
20.	Gomaya rasa	Fresh liquid from cow's dung
21.	Gopitta	Bile of Cow
22.	Gorocana	Bile of ox (Solid)
23.	Hamsa	Swan
24.	Hasti	Elephant
25.	Hasti danta	Tusk of Elephant
26.	Jalauka . .	Leech
27.	Kaka or Vayasa	Crow
28.	Krishnasarpa	Black serpent
29.	Kapardika	Shell (Cowrie)
30.	Kapinjala	Partridge
31.	Kapota	Pigeon
32.	Kasturi / Mrigamada	Musk
33.	Khara	Donkey
34.	Kukutanda tvak	Shell of Hen's eggs
35.	Kuranga or Vanara	Monkey
36.	Laksha	Lac
37.	Lopaka	Jackal
38.	Mahisha	Buffalo

39.	Mahisha pitta	Bile of buffalo
40.	Mriga shringa	Horn of stag
41.	Mrigajina	Deer's skin
42.	Mshika	Rat
43.	Madhucchista	Bees wax
44.	Madhu	Honey
45.	Matsya pitta	Bile of fish
46.	Mayura or Barhi or Shikhi	Peacock
47.	Mayurapiccha	Peacock feather
48.	Mukta	Pearl
49.	Muktashukti	Shell of oyster pearl
50.	Nakula	Mungoose
51.	Navanita	Butter
52.	Prishata	Spotted Deer
53.	Pravala	Coral
54.	Rohita matsya Pitta	Bile of Rohu Fish
55.	Stanya	Human milk
56.	Shankha	Counch
57.	Shasha	Rabbit
58.	Varaha pitta	Bile of swine
59.	Vyaghranakha	Nail of Tiger

MINERAL DRUGS

S. No.	Sanskrit name	English name/ Chemical name
1.	Abhraka	Mica (biotite)
2.	Akhika	Agate
3.	Capala	Bismuth
4.	Grihadhuma	Soot, black smoke deposited in the kitchen
5.	Gairika	Red ochre or Haematite
6.	Gandhaka	Sulphur
7.	Girisindhura	Lead oxide
8.	Godanti	Selenite
9.	Gomeda	Zircon
10.	Hiraka	Diamond
11.	Haritala	Orpiment or Arsenic trisulphide
12.	Hingula	Cinnabar
13.	Jeharamohara	Serpentine
14.	Kamsya	Bronze
15.	Kasisa	Green vitriol or Ferrous sulphate

16.	Kajjali	Amalgam of Mercury and Sulphur
17.	Kapardaka	Cowries
18.	Kharpara	Calamite (zinc ore)
19.	Khatikaa	Chalk
20.	Lauha	Iron
21.	Manikya	Ruby
22.	Makshika	Chalcopyrite or copper pyrite
23.	Mriddharashringa	Litharge
24.	Mandura	Dros iron/sludge iron
25.	Malla	White arsenic
26.	Manahshila	Realgar or Arsenic disulphide
27.	Mukta	Pearl
28.	Naga	Lead
29.	Nila	Sapphire
30.	Nilanjana	Galena or Lead sulphide
31.	Navasagara	Sal ammoniac/ammonium chloride
32.	Parada	Mercury
33.	Pushparaga	Oriental topaz
34.	Pittala	Brass
35.	Pravala	Coral
36.	Rajavarta	Lapis lazuli
37.	Rasaka	Zinc oxide
38.	Rajata	Silver
39.	Shilajatu	Asphaltum/Black Bitumen
40.	Saindhava Lava³a	Rock salt
41.	Sasyaka	Blue vitriol or Bornite or Copper sulphate
42.	Sphatika	Alum
43.	Srotonjana	Stibnite (black antimony)
44.	Sudha	Lime
45.	Svarna	Gold
46.	Svarjakshara	Fullers earths
47.	Tankana	Borax
48.	Tamra	Copper
49.	Tarkshya	Emerald
50.	Tuttha	Blue vitriol
51.	Vanga	Tin
52.	Vaidurya	Cat's eye
53.	Vaikranta	Tourmaline or Fluorspar
54.	Vimala	Iron pyrite
55.	Yashada	Zinc

Appendix - I- II

8.3. APPROXIMATE ENGLISH EQUIVALENTS OF AYURVEDA AND SIDDHA CLINICAL CONDITIONS AND DISEASES

8.3. APPROXIMATE ENGLISH EQUIVALENTS OF AYURVEDA AND SIDDHA CLINICAL CONDITIONS AND DISEASES

1	Aṅgamarda	body ache
2	Aṅkuśa kṛmi	hookworm infestation
3	Aśmarī	calculus
4	Śītapitta	urticaria
5	Śūla	pain / colic
6	Śaitya	coldness
7	Agnidāha	burns
8	Agnidagdha	fire burns
9	Agnimāndya	digestive impairment
10	Agnirohiṇī	acute stage of diphtheria
11	Śiraḥśūla	headache
12	Śiroroga	disease of head
13	Ajīrṇa	indigestion
14	Ślīpada	Filariasis
15	Amlapitta	hyperacidity
16	Anārtava	Amenorrhoea
17	Annadravaśūla	gastric ulcer
18	Śoṣa	emaciation
19	Śopha	oedema
20	Śotha	inflammation
21	Apasmāra	Epilepsy
22	Arśa	piles
23	Arūṃṣikā	dandruff

24	Śrama	fatigue / lethargy
25	Arbuda	tumor
26	Ardhāvabhedaka	hemicrania / migraine
27	Ardita	facial palsy
28	Aruci	tastelessness
29	Asṛgdara	menorrhagia or metrorrhagia or both
30	Asthibhagna	bone fracture
31	Atisāra	diarrhoea
32	Śukradaurbalya	seminal stress
33	Śvāsa	Asthma
34	Avarodhajanya Kāmalā	obstructive Jaundice
35	Śvetakuṣṭha	Leucoderma
36	Śvetapradara	leucorrhoea
37	Śvitra	leucoderma / vitiligo
38	Bādhirya	deafness
39	Bālātisāra	infantile diarrhoea
40	Bāla pratiśyāya	sinusitis in children
41	Bālagraha	psychotic syndrome of children
42	Bālaroga	disease of children
43	Bahuvraṇa	multiple injuries / ulcers
44	Bastiśotha	cystitis
45	Bastiroga	diseases of urinary system
46	Bastivikāra	bladder disorders

47	Bhūtavikāra	psychotic syndrome
48	Bhagandara	fistula-in-ano
49	Bhagna	fracture
50	Bhrānti	mental confusion
51	Bhrama	vertigo
52	Chardi	emesis
53	Dāha	burning sensation
54	Dṛkjāta masūrikā	occular manifestation of small pox
55	Daṃśaviṣa	poisoning due to bites
56	Dadru	taeniasis
57	Dantaśūla	toothache
58	Dantapūya	Pyorrhoea
59	Dantaroga	disease of tooth
60	Dantaveṣṭaroga	gingivitis
61	Daurbalya	weakness
62	Dhātukṣaya	tissue wasting
63	Dhvajabhaṇga	failure of penile erection
64	Duṣṭa vraṇa	non-healing ulcer
65	Duṣṭakṛmi	worm infestation
66	Āśmarī	Calculus
67	Ādhmāna	flatulence with gurgling sound
68	Āmāśaya śūla	peptic ulcer
69	Āmātisāra	diarrhoea due to indigestion

70	Āmadoṣa	products of impaired digestion and metabolism
71	Āmavāta	Rheumatism
72	Ānāha	distension of abdomen due to obstruction to passage of urine and stools
73	Āntravṛddhi	Hernia
74	Āntrika pratidūṣaka	enteritis
75	Gṛdhrasī	Sciatica
76	Gaṇḍamālā	cervical lymphadenitis
77	Galagaṇḍa	goitre
78	Garbhāśayaśūla	uterine pain
79	Garbhiṇīchardi	morning sickness
80	Grahaṇī	colitis / ulcerative colitis
81	Granthiśotha	lymphadenitis
82	Granthikajvara	Bubonic plague
83	Gulma	abdominal lump
84	Hṛdayaroga	heart disease
85	Hṛddaurbalya	weakness of the heart
86	Hṛdroga	heart diseases
87	Hṛllāsa	nausea
88	Hikkā	hiccup
89	Indralupta	alopecia
90	Ūrustambha	stiffness in thigh muscles
91	Jīrṇa Āntraśotha	chronic intestinal pain

92	Jīrṇa jvara	chronic fever
93	Jīrṇaśvāsa	chronic asthma
94	Jīrṇajvara	chronic fever
95	Jīrṇapūyāmeha	chronic pyaemia
96	Jīrnapratiśyāya	chronic sinusitis
97	Jalodara	ascites
98	Jvara	fever
99	Kāmalā	Jaundice
100	Kārśya	emaciation
101	Kāsa	cough
102	Kṛmi	worm infestation
103	Kṛmi roga	worm infestation
104	Kṛmi-śūla	colic due to worm infestation
105	Kaṇṭharoga	disease of throat
106	Kaṇḍū	itching
107	Kaṭiśūla	lower backache
108	Kaṣṭārtava	dysmenorrhoea
109	Kṣata	wound
110	Kṣatakṣīṇa	debility due to chest injury
111	Kṣaya	pthisis
112	Kṣayaja vraṇa	tubercular wound
113	Kaṇṭharoga	disease of throat
114	Kaphaja Śiroroga	catarrhal siro-roga / sinusitis

115	Kaphaja vikāra	disorders due to Kapha doṣa
116	Kaphajanya pīḍā	pain due to Kapha doṣa
117	Kaphajvara	fever due to Kapha doṣa
118	Kapharoga	disease due to Kapha doṣa
119	Kaphavātaja roga	disorders due to Kapha and Vāta doṣa
120	Kaphavātavyādhi	disorders due to Kapha and Vāta doṣa
121	Kaphavikāra	disorders due to vitiation of Kapha doṣa
122	Karṇaśūla	otalgia
123	Karṇaroga	disease of ear
124	Karṇasrāva	otorrhoea
125	Klaibya	male impotence
126	Koṭha	ringworm / Impetigo / Erythema
127	Krodha	anger
128	Kuṣṭha	Leprosy / diseases of skin
129	Lūtāviṣa	spider bite
130	Mūrcchā	syncope
131	Mūtrāśmarī	Urinary calculus
132	Mūtrāghāta	urinary obstruction
133	Mūtrāvarodha	uninary obstruction
134	Mūtrakṛcchra	dysuria
135	Mūtraroga	urinary diseases
136	Mūtravikāra	urinary diseases
137	Madātyaya	alcoholism

138	Mada	intoxication
139	Madhumeha	Diabetes mellitus
140	Mahākuṣṭha	group of major skin diseases
141	Masūrikā	small pox
142	Mastiṣkadaurbalya	neurosthenia
143	Medoroga	obesity
144	Moha	delusion
145	Mukhaśoṣa	dryness of mouth
146	Mukhadurgandha	Halitosis
147	Mukharoga	disease of mouth
148	Mukhasphoṭa	ulcer in the mouth
149	Nāḍīśūla	acute pain of nervine origin
150	Naktāndhya	night blindness
151	Netraroga	diseases of the eye
152	Netrasrāva	chronic dacrocystitis or epiphora
153	Pāṇḍu	anaemia
154	Pādadārī	chaffed / cracked soles / rhagades
155	Pāmā	eczema
156	Pārśvaśūla	intercostal neuralgia and pleurodynia
157	Pīnasa	chronic rhinitis / sinusitis
158	Pūyameha	urinary infection
159	Pṛṣṭhaśūla	lumbago
160	Pakṣāghāta	Paralysis / Hemiplegia

8.3. APPROXIMATE ENGLISH EQUIVALENTS OF AYURVEDA AND SIDDHA CLINICAL CONDITIONS AND DISEASES

161	Pakṣavadha	paralysis / hemiplegia
162	Piḍakā	carbuncle
163	Pittaja atisāra	diarrhoea due to Pitta doṣa
164	Plīha roga	splenic disease
165	Plīhavṛddhi	splenomegaly
166	Plīhodara	splenomegaly
167	Pradara	excessive vaginal discharge
168	Pralāpa	delirium
169	Prameha	metabolic disorder
170	Pratiśyāya	coryza
171	Pravāhikā	dysentery
172	Rājayakṣmā	Tuberculosis
173	Raktārśa	bleeding piles
174	Raktaṣṭhivana	haemoptysis
175	Raktadoṣa	disorder of blood
176	Raktagata vāta	hypertension
177	Raktapitta	bleeding disorder
178	Raktapradara	menorrhagia or metrorrhagia or both
179	Raktasrāva	bleeding disorder
180	Raktasruti	Haemorrage
181	Raktavikāra	disorders of blood
182	Romāntikā	measles
183	Sūtikā Jvara	puerperal fever

184	Sūtikāśūla	postpartum abdominal pain
185	Sūtikāroga	puerperal disorders
186	Sandhiśūla	joint pain
187	Sandhiśotha	arthritis
188	Sandhivāta	arthritis due to Vāta doṣa
189	Sannipātajvara	high fever due to vitiation of all dosas
190	Santāpa	emotional stress
191	Santarpaṇajanya roga	disorders due to obesity
192	Sarpa viṣa	snake poison
193	Sarpadaṃśa	snake bite
194	Sarvāṅga śopha	anasarca
195	Sikatāmeha	Lithuria
196	Slīpada	Filariasis
197	Smṛtināśa	loss of memory
198	Sphita Kṛmi	tape worm
199	Sthaulya	obesity
200	Strīroga	gynaecological disorders
201	Svarabheda	hoarseness of voice
202	Tṛṣṇā	thirst
203	Tamakaśvāsa	bronchial asthma
204	Tandrā	drowsiness
205	Timira	cataract
206	Tvakroga	skin diseases

8.3. APPROXIMATE ENGLISH EQUIVALENTS OF AYURVEDA AND SIDDHA CLINICAL CONDITIONS AND DISEASES

207	Ucca Raktacāpa	hypertension
208	Udāvarta	partial intestinal obstruction
209	Udara	diseases of abdomen
210	Udaraśūla	pain in the abdomen
211	Udarakṛmi	intestinal worms
212	Udararoga	diseases of abdomen
213	Udarda	urticaria
214	Unmāda	mania / psychosis
215	Upadaṃśa	soft chancre
216	Uraḥkṣata	pulmonary cavitation
217	Vātārśa	dry piles
218	Vāta vikāra	disorder due to Vāta doṣa
219	Vātakapha Jvara	fever due to Vāta and Kapha doṣa
220	Vātapittajanya Vikāra	disorders due to Vāta and Pitta doṣa
221	Vātarakta	Gout
222	Vātaroga	disease due to Vāta doṣa
223	Vātavikāra	disorders due to Vāta Doṣa
224	Vātavyādhi	disease due to Vāta doṣa
225	Vātika Unmāda	mania / psychosis
226	Vṛścika daṃśa	scorpion bite
227	Vṛkkaroga	renal disorder
228	Vamana	emesis
229	Viṣamajvara	intermittent fever

230	Viṣavikāra	disorders due to poison
231	Vibandha	constipation
232	Vicarcikā	eczema
233	Vidāha	burning sensation
234	Vidradhi	abscess
235	Visūcikā	Gastro-enteritis with piercing pain
236	Visarpa	Erysepales
237	Visphoṭa	blister
238	Visphoṭaka	blisterous eruption
239	Vraṇa	ulcer
240	Yakṛt śotha	Hepatitis
241	Yakṛt daurbalya	poor function of liver
242	Yakṛt roga	liver disorder
243	Yakṛt vikāra	disorder of liver
244	Yakṛtodara	enlargement of liver / hepatomegaly
245	Yakṛtplīhā Vikāra	diseases of liver and spleen
246	Yakṣmā	Tuberculosis
247	Yoniśūla	pain in female genital tract
248	Yonidoṣa	disorder of female genital tract
249	Yoniroga	disease of female genital tract
250	Yuvānapiḍikā	pimples / acne vulgari

APROXIMATE ENGLISH EQUIVALENTS OF *SIDDHA* CLINICAL CONDITIONS AND DISEASES

1	Aẕal/Pittam	Heat/ Pitta humour
2	Aẕal Nōykaḷ	Diseases due to heat/ Pitta humour
3	Āṇkuṟippuṇ	Penile sore
4	Āṇmaikkuṟaivu	Diminished sexual potency
5	Ārampa Paittiyam	Early mental illness
6	Atikaẕiccal	Diarrhoea
7	Caṉṉi	Simultaneous extreme derangement of three humours
8	Captatāthu Curam	Fever due to the derangement of seven constituents of the body
9	Cārāyaveṟi	Alcoholic delirium
10	Carvaviḍam	All types of poisons and toxins
11	Cataiyaḍaippu	Prostatic obstruction of urethra
12	Ceriyākkaẕiccal	Diarrhoea due to indigestion
13	Ceriyāmai	Indigestion
14	Cītakkaẕiccal	Mucous diarrhoea
15	Cevinōy	Ear disease
16	Cilantiñañcu	Spider poison
17	Ciraṅku	Scabies/Skin ulcers
18	Ciṟunīr Ericcal	Burning micturition
19	Ciṟunīr Kaḍḍu	Retention of urine
20	Ciṟunīr Perukkam	Diuresis

21	Coṟi	Pruritus
22	Coṟiciraṅku	Scabies
23	Cūlai Nōy	Painful disease
24	Cūlai	Lancinating pain
25	Curam/Kāyccal	Fever
26	Curattāl Uṇḍākum Uḍal Thaḷarcci	Pyrexial fatigue and malaise
27	Curattōḍukūḍiya Irumal	Cough with fever
28	Curavēḍkai	Pyrexial polydipsia
29	Cūtakacūlai	Dysmenorrhoea
30	Cūtakataḍai	Secondary amenorrhoea
31	Cūtakavali	Dysmenorrhoea
32	Cūtakavāyu	Dysmenorrhoea
33	Cūtakanōykaḷ	Diseases of female genital organ
34	Cūtakataḍaiyai Nīkkum	Emmenagogue
35	Cuvācakācam	Bronchial asthma
36	Cuvaiyiṉmai	Loss of taste
37	Cuvācam	Bronchial asthma
38	Elumpu Nōykaḷ	Osteopathy/Bone diseases
39	Eṉpurukki Nōy	Tuberculosis
40	Ēppam	Eructation / Belching
41	Ericcal	Burning
42	Eruvāy Muḷai	Sentinel pile and anorectal growth

43	Īḷai	Tuberculosis/Bronchitis
44	Iḷaippu Nōy	Tuberculosis
45	Iraippirumal	Bronchial asthma
46	Iraippu	Wheezing
47	Īral Nōy	Liver disease
48	Irattakkaḍuppu	Dysentery
49	Irattakkotippu	Hypertensive disease
50	Irumal	Cough
51	Itayanōy	Cardiac disease
52	Aiyanōykaḷ	Diseases due to Seetham/TatÒpam/Kapam humour
53	Aiyacuram	Curam due to kapam
54	Kapanōy	Diseases due to iyam
55	Kakkirumal/ Kakkuvāṉ Irumal	Whooping cough
56	Kāl Vīkkam	Pedal oedema/Leg oedema
57	Kaẕalai	Cyst/Benign growth/Enlarged nodes
58	Kaẕiccal	Diarrhoea
59	Kallaḍaippu	Renal obstruction due to stones/Renal calculi
60	Kāmālai	Jaundice
61	Kaṇ Ericcal	Burning eyes
62	Kaṇ Kātu Mūkku Nōykaḷ	Eye, ear and nose diseases
63	Kaṇ Nōykaḷ	Eye diseases
64	Kāṇācuram	Fever associated with tabes mesenterica

65	Kāṇākaḍi	Urticaria
66	Kaṇam	Tabes mesenterica
67	Kaṇkācam	Cataract
68	Karappāṉ	Eczema
69	Kayanōy	Tuberculosis
70	Kayam	Tuberculosis
71	Kīlvāyu	Arthritis/ Arthralgia
72	Kirāṇi	Chronic diarrhoea
73	Kōḻai	Phlegm
74	Koḻuppaik Kuṟaikkum	Hypolipidemic
75	Kuḷircci	Coolth
76	Kuḷirkāyccal	Fever with rigor
77	Kuṉmam	Painful gastro intestinal disorders with indigestion
78	Kural Kammal	Hoarseness of voice
79	Kurutippōkku	Haemorrhage/Bleeding
80	Kuruti Aḻal	Bleeding disorders
81	Kuruti Vānti	Haematemesis
82	Kurutikkakkal	Haemoptysis
83	Kurutikkaḻiccal	Dysentery
84	Kuḍal Vali	Intestinal colic
85	Kuḍḍam	Leprosy/Hansens disease/Skin diseases
86	Malakkaḍḍu	Constipation
87	Malamiḷakki	Laxative

88	Mandai	Scalp eczema
89	Māntam	Indigestion associated in children upto 3 years of age
90	Mantāra Iraippu	Asthma occurring during rainy or cloudy season
91	Matumēkam	Diabetes mellitus
92	Mayakkam	Semi - consciousness/Drowsiness
93	Mēkacuram	Fever due to venereal diseases
94	Mēkakkaḍḍi	Abscess due to venereal diseases/ Diabetes mellitus
95	Mēkam	Genital discharging diseases
96	Mikupaci	Excessive appetite
97	Mūkkunīr Pāyccal	Coryza
98	Mukkuṟṟanōy	Diseases due to derangement of three humours
99	Mukkuṟṟakēḍu Curam	Fever due to derangement of three humours
100	Mukkuṟṟakēḍu	Derangement of three thathu.
101	Mūla Nōy	Ano-rectal diseases/Disorders
102	Mūlam	Haemorrhoids
103	Muppiṇi	Diseases caused by the derangement of three humours
104	Muṟaicuram	Periodic fever
105	Mūrccai	Coma/Syncope
106	Nāḷpaḍḍa Kaḻiccal	Chronic diarrhoea/sprue
107	Namaiccal	Itching
108	Nañcu Nīkkum	Antidote

109	Nañcu	Poison/Toxin
110	Narampu Vali	Neurodynia/neuralgia
111	Nāvar̲aḍci	Dryness of mouth
112	Neñcerippu	Heart burn
113	Nin̲aivu Taḍumār̲r̲am	Fluctuation of consciousness
114	Nīrcurukku	Painful micturition/Dysuria
115	Nīrēr̲r̲am	Sinusitis
116	Nīriz̲ivu	Diabetes mellitus
117	Nīrkaḍuppu	Burning & painful micturition
118	Nīrkkaḍḍu	Oliguria/Anuria
119	Nīrkōvai	Coryza
120	Nīrvēḍkai	Excessive thirst
121	Nīḍitta Vaḷinōy	Chronic vâta disease
122	Nun̲puz̲ukkaḷ	Worms/parasites
123	Or̲r̲aittalaivali	Hemicrania/Migraine
124	Pacittīkkēḍu	Anorexia
125	Pacittīkkur̲aivu	Dyspepsia
126	Pakkacūlai	Pleurisy
127	Pal Vali	Tooth ache
128	Pallaḍi Nōykaḷ	Gum diseases
129	Pāmpu Nañcu	Snake poison
130	Pārvai Maṅkal	Low visual acuity
131	Paḍai	Tinea like skin diseases/Fungal skin diseases
132	Peruvayir̲u	Ascites

133	Perumpāḍu	Menorrhagia
134	Peruṅkaz̲iccal	Severe diarrhoea
135	Piḷavai	Carbuncle
136	Pīṉicam	Sinusitis
137	Piramēkam	Gonorrhoea like venereal diseases
138	Pittātikkam	Nervous debility
139	Pittamayakkam	Giddiness due to increased heat /Pittam humour
140	Porumal	Flatulence
141	Puz̲ukkolli	Vermicide
142	Puṇkaḷ	Ulcers
143	Puraiyōḍiya Puṇkaḷ	Ulcer with sinuses
144	Purāṇa Curam	Chronic fever
145	Tākam	Thirst
146	Talaikkaṉam	Heaviness of the head
147	Talaippuṇ	Scalp ulcer
148	Talaivali	Headache
149	Tamaraka Taḍippu	Cardiomegaly
150	Tavaḷai Coṟi	Phrynoderm/Dermatitis
151	Timir Vātam	Spasm resulting from numbness
152	Tiṉavu	Pruritus
153	Tōl Nōykaḷ	Skin diseases
154	Tōḍam	Disordered humour
155	Tūkkamiṉmai	Insomnia
156	Ūz̲i Nōy	Cholera

157	Uppicam	Flatulence
158	Uḍal Cūḍu	Body heat
159	Uḍal Ericcal	Burning sensation of the body
160	Uḍal Kaḍuppu	Body ache
161	Uḍal Vali	Body ache
162	Uḍal Nalivu	Body weakness
163	Uḍal Vaṉmaikkuṟaivu	Loss of body strength
164	Uḍcuram	Internal fever
165	Uḍcūḍu	Internal heat
166	Vāyppuṇ	Mouth ulcer
167	Vayiṟṟiraiccal	Borborygmi/Abdominal gurgling
168	Vayiṟṟu Nōy	Abdominal diseases
169	Vayiṟṟupporumal	Flatulence
170	Vali Kuṉmam	Peptic ulcer/ Painful upper gastro intestinal disorder
171	Vali Nōy	Convulsions/Seizure/Fits
172	Valippu Nōy	Poor memory
173	Vaḷi Nōykaḷ	Diseases due to vâta humour
174	Vali	Pain
175	Vaḷiccuram	Fever due to vâta humour
176	Vānti	Emesis
177	Vānti Pēti	Vomiting and diarrhoea
178	Vaṇḍu Kaḍi	Beetle sting causing urticaria
179	Vaṟaḍcuram	Fever

180	Vāta Kuṉmam	Painful gastro intestinal disorder due to vâta/ValÒi
181	Vāta Kuḍaiccal	Rheumatic pain
182	Vāy Vēkkāḍu	Stomatitis
183	Vayiṟṟukkaḍuppu	Dysentery
184	Vayiṟṟuppuṇ	Peptic ulcer
185	Vayiṟu Mantam	Indigestion
186	Vāyvu	Flatus
187	Veḷḷai	Leucorrhea
188	Veḷuppu Nōy/Pāṇḍu	Anaemia
189	Veḷuppu Nōykaḷ	Anaemia
190	Veṇ Kuḍḍam	Leucoderma
191	Veṇ Paḍai	Leucoderma
192	Veṇ Puḷḷi	Vitiligo
193	Veppu Nōy	Fever
194	Veṟi Nōy	Mental illness/Delirium/Organic br
195	Veḍḍai	Venereal diseases
196	Vikkal	Hiccup
197	Vīkkam	Oedema /Swelling
198	Vintukkuṟaivu	Oligospermia
199	Viḍam	Poison
200	Viyarvaiyōḍukūḍiya Muṟaiccuram	Malarial encephalitic fever

Appendix - III

8.4. RESEARCH & DEVELOPMENT OF CCRAS

The Central Council for Research in Ayurveda and Siddha, Deptt. of AYUSH, Ministry of Health & Family Welfare, Govt. of India is an apex Nodal Body in India for the formulation of Research in Ayurveda and Siddha on scientific lines. The Research activities comprise Literature Research, Drug Research, Clinical Research including Nutraceutical Research, Cosmeceutical Research, Reproductive and Child Health Care Research and Bio-medical instrumentation The Council has been carrying out its research activities through the network of its 35 peripheral institutes across the country and also in collaboration with various National & International Academic and Research Organizations.

Some Significant achievements

- **Some notable achievements** comprise the development of drugs/ formulations viz. AYUSH – 64 for malaria, AYUSH – 56 for epilepsy, AYUSH – 82 for diabetes mellitus, 777 oil for psoriasis besides validation of classical formulations on more than 20 disease and clinical conditions.
- **Medico-botanical Survey** of 400 forests areas all over India has been completed and more than 1,20,000 plant specimens have been collected besides collecting information on 5000 folk claims. The information is published in the form of 12 monographs and 1 book entitled "An appraisal of Tribal Folk Medicine" preserving the National Medicinal Heritage.
- **Participation in Indian Scientific Expeditions to Antarctica:** For the first time in the history of the Council two scientists of the Councils have successfully participated in Annual Indian Scientific Expeditions to Antarctica this year and carried out the project to study the effect of certain established Ayurvedic Rasayana - Food Supplement and Drink (***Antartica Tea and Antartica laddu)*** on ageing process of Antarctic Expedition Members in cold climatic conditions" which was organized by National Centre for Antartic and Ocean Research, Government of India which has shown significant effects in terms of immuno-modulatory, antioxidant activities.
- **Development of integrated protocols-** The council has developed 57 integrated protocols and in consultation with taskforce of experts of modern system of medicine from reputed institutes viz., AIIMS, ICMR etc., incorporating the parameters of Ayurveda and conventional system of medicine and the document is under publication .
- **Drug Development:**In the process of new drug development, at the 1st phase, standardization and toxicity studies of 8 formulations for various life style/other diseases viz. AYUSH Rasayana-A & AYUSH Rasayana-B for improving quality of life in elderly persons, AYUSH-RP for sickle cell anaemia, AYUSH-Osto for Osteoporosis and fractures, AYUSH-LIV for Hepatitis B & C, AYUSH-M for Migraine, AYUSH-SL Internal application for Morbid cases of Filariasis, AYUSH-

SL External application for Morbid cases of Filariasis, AYUSH Manas for Mental retardation, AYUSH QOL-2c for improvement of quality of life in cancer patients have been completed .

- **The clinical trials :** AYUSH Manas for Mentally challenged children and AYUSH QOL-2c for improvement of quality of life in cancer patients have been initiated in collaboration with AIIMS, RML hospital ,NIMHANS Bangalore , St.John's medical college ,Bangalore .
- Clinical trial of **AYUSH QOL-2A (Developed by CCRAS) in HIV/AIDS** subjects is being initiated in collaboration with ICMR at selected centers.
- Further validation of the anti malarial effect of ***Parija Ghanvati***(that has shown 84% effect in a pilot study) has been initiated.
- **Anti-malarial compound** : Development of Poly herbal formulation for **Malaria** has been intimated in collaboration with Dr. Kar ,Professor of Biotechnology , JNU ,New Delhi
- **The Reverse pharmacological studies** for clinical safety and efficacy of Annabedhi Chenduram and Dhatrilauha, the classical Siddha and Ayurveda preparation for Anaemia have been completed through multi centric phase-II clinical studies.
- **Developed a topical dosage form AGT-** as wound healing agent through pre clinical safety studies and controlled experimental targeted activity studies. The formulation has shown significant wound healing effect then control conventional drug. (Conducted at DRDE laboratory).
- **The CCRAS, DRDE and Dr. Saper Boston university** have initiated a collaborative study of Chemical analysis, Safety &Toxicity of certain Ayurvedic Herbo-metalic preparation like Mahayogaraj Guggulu , Ayrogavardhni vati Garbha pala Rasa etc.
- **Feasibility of introducing Indian systems of medicine (Ayurveda & Siddha) - In** the "National RCH at the primary health care (PHC) Level - Standardization and toxicity of 17 Ayurvedic and 16 Siddha drugs have been completed. The training modules are prepared and published and shortly will be launched in Himachal Pradesh.
- **Safety/Toxicity Evaluation of Metal Based Bhasmas/Rasa Kalpas** - Chemical analysis, acute and sub acute toxicity studies have completed and revealed safety.
- **Evaluation for Heavy Metals and safety profiles of Ayurvedic formulations (Published in JAMA, December 15, 2004-/Vol. 292 No. 23)** Out of 13 drugs reported by JAMA, initially 9 available drugs have been obtained from the market and tested for heavy metal contents viz. Mercury, Cadmium, Lead and Arsenic. Acute and sub acute toxicity studies have completed and revealed safety.

- **Developed AYUSH Face Pack** a skin lightening agent through phased clinical trial at Safdarjung Hospital, New Delhi.
- **Medico-ethno-botanical Survey** of 63 forest areas**, cultivation of** 460 plants**,** have been completed.
- **The Ayurvedic Pharmacopoeia Committee** has published 9 volumes of Ayurvedic Pharmacopoeia of India and 2 volumes of Ayurvedic Formulary of India. The 6th Volume of single Plants Monographs and 7th volume of Metal-mineral compound formulation part –I I , volume I and II are published**.** ***(e-Book Software CDs also developed with dynamic search options for API & AFI).*** The atlas of Chromatography of pharmacopeial drugs and Microscopic and macroscopic atlas of pharmacopeial drugs of API volume 5 part-I .
- **The Siddha Pharmacopoeia Committee** has published Siddha Pharmacopoeia of India Part-I, Volume-I and Siddha Formulary of India. ***(e-Book Software CD also developed with dynamic search options for SPI).***
- **Pharmaco-vigilance of ASU drugs:** Initiated 27 peripheral pharmaco-vigilance centers at CCRAS centers across the counter and contributing significantly to National pharmmaco vigilancenter of AYUSH.
- **Promotion of Extra Mural Research Project:** the Council is coordinating EMR Scheme of AYUSH (Ayurveda and Siddha)through funding to different institutes across the country.
- **Research data Base on Ayurveda ,Siddha and other Traditional Systems of Medicine:** Central Council for Research in Ayurveda and Siddha collected significant data on research done in recent years and launched a web based research database on Ayurveda, Siddha, Unani, Yoga & Naturopathy and other traditional medicines research at **National Institute of Indian Medical Heritage located at Hyderabad** and generated Research Database through gathering authentic published data by inviting information from individuals, Scientists, Academicians, Industries and Universities and so on who are working in all related fields. An electronic web based user friendly format has been evolved to generate the data from the individuals and organizations through online submission.
- **Golden Triangle Partnership Scheme (AYUSH/CSIR/ICMR):** ***CCRAS is coordinating and monitoring the project for development and validation of ASU medicines***

Publications

Council has published more than 100 books and monographs besides conference proceedings and 3 research journals viz. **J.R.A.S, JDRAS, J.I.I.H.M & News Letter.** for dissemination of research findings to academicians, researchers and industry. Besides this, free IEC literature in the form of folders and booklets have been published and widely distributed for the awareness of general public during Melas & Exhibitions. ***Till date more than 2000 research papers have been published in various journals, out of which approx. 300 research papers have been published in international journals.***

Patents and Technology Transfer

- For patenting and commercialization of new formulations and technologies an MOU has been signed with National Research Development Corporation, Delhi.

Summary of status of IPR protection and commercialization

1	**Patents obtained**	22
2	**Patents filed/processing for filing**	13
3	**Patents /Processes released to the Industry (commercialized in last five years)**	11
4	**Technologies developed**	24

CONSULTANCY SERVICES

- For drug development including Nutraceuticals and Cosmeceuticals
  Establishment of drug testing and quality control labs

Appendix - III

8.5. NATIONAL INSTITUTE OF INDIAN MEDICAL HERITAGE (CCRAS) - A PROFILE

8.5. NATIONAL INSTITUTE OF INDIAN MEDICAL HERITAGE (CCRAS) - A PROFILE

The **National Institute of Indian Medical Heritage** is the pioneer Institute in South-East Asia came into existence as the Department of History of Medicine on 26-09-1956 in the Raja of Panagal Buildings at Vizag with the untiring efforts Prof. D. V. Subba Reddy, Prof. of Physiology and the Emeritus Professor of History of Medicine and Prof. Henery E. Sigerist, the then Director of Johns Hopkins Institute of History of Medicine, USA. As there were greater facilities in the capital with Ayurvedic and Unani Colleges, old libraries, museums and a great variety of literary and artistic talents, the Department was shifted to Hyderabad in the historical palatiral mansion "Nizambagh – Diwan Devdi" in Salarjung Palace in old city of Hyderabad in 1959.

In view of its National & International importance, the Department was handed over to Indian Council of Medical Research (ICMR), Govt. of India in February 1969 and was named as Institute of History of Medicine. Thereafter, the Institute came into existence as "Indian Institute of History of Medicine on 04-08-1973" under he Central Council for Research in Ayurveda & Siddha (CCRAS) is an autonomous body of the Department of AYUSH), Ministry of Health & Family Welfare, Government of India, the apex body in India for the formulation, co-ordination, development and promotion of research on scientific lines in Ayurveda and Siddha and Tibetan systems of medicine. The Institute in its long sojourn presently housed in the Osmania Medical College, Hyderabad, India.

The Institute with its well equipped branches like Medico-historical-Library and Medico-historical-Museum, Research & publication achieved global access and identification and earned global appreciations for its rich collection and medico-historical resource. The NTR University of Health Sciences, AP, recognized this Institute in view of its infrastructure, well qualified scientists and granted permission to import Ph. D. course in History of Medicine, which was started in 2006. Keeping in view of the Institute's achievement and capability, the Govt of India has upgraded on 15-12-2009 as "National Institute of Indian Medical Heritage" on par with the world class institutes of the same stature and earmarked about RS.10 crores, released Rs. 5 crores for construction of a multistoried magnificent building, which is coming up at Gaddiannaram, Dilsukhnagar, Hyderabad.

This institute is devoted for basic and literature research in all systems of medicine like Ayurveda, Yoga, Unani, Siddha, and Homeopathy and only of its kind in South-East Asia. It has the huge repository of rare books dates back to 15th century AD and rare & oldest manuscripts of different systems of medicine. It has a renowned Museum of History of Medicine having a collection of very valuable and rare exhibits of various medical systems of the world.

The core research activities and mandate of institute comprise

1. Collection / compilation / translation and publication of old manuscripts and Rare books on different systems of medicine in different languages.

2. Projects for writing the History of Medicine, Area wise, Period wise & Theme wise.
3. Collection of medical information from other sources like ancient non-medical literature-Vedas, Puranas etc., Archeological and Epigraphical sources, accounts of foreign travelers in India.
4. Study of historical development and evolution of concept of disease / drug and other Aspects of Ayurveda / Unani / Siddha systems of medicine.
5. Preparation of biographical details of physicians / authors and commentators of different periods.
6. Collection, editing and publication of news & notes, historical material including the publication of Bulletin of the Institute & monographs.
7. To arrange exhibitions on specific occasions like Seminars, Workshops etc. to depict the historical development of medical Sciences in India.
8. Preparation of Bibliographies of History of Medicine.
9. Collection of oral history i.e. audio recording and the historical background and other details like palm-leaf and paper Manuscripts, old books, certificates of grants, awards etc. from hereditary physicians and traditional medical practitioners
10. Development of Medico-Historical Museum & Photography Section.
11. Development of Medico-Historical Library.
12. Referral services and guidance to research scholars.
13. Development of software for AYUSH systems.
14. Development of Websites / Web-portal for CCRAS projects
15. Digitization of Manuscripts / Rare books / Exhibits

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